



Qualitative Research on Pet Owners' Experiences of Buying Veterinary Services in the UK

REPORT

Prepared for: Competition & Markets Authority (CMA)
Author: Kristin Hickey, David Smith, Ellie Shields - Kubi Kalloo
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1. EXECUTIVE SUMMARY

Key findings

The sections below provide an overview of the findings from the main body of this report.

1.1 The context for purchasing veterinary treatment and services

The emotional context of pet ownership and responsibility

All pet owners talked about the emotional closeness of their relationship with their pets. Pets were considered to be loved family members and pet owners spoke of the enormous responsibility felt for their pet's wellbeing. Decisions about pet care and treatment were influenced by that emotional bond.

Pet owners acknowledged that, at times, their ability to accurately process information or recall details of their veterinary experiences was cloudy. This was particularly the case when it came to heightened states of anxiety or emotion (e.g. serious illnesses and injuries). In such circumstances, rational considerations such as asking for information about treatment and costs were often overlooked or could not be remembered.

The limited knowledge of pet owners, the expert knowledge of vets and the halo effect

The majority of research participants had limited understanding of: different treatment options when it came to veterinary care, the cost of these treatments, or whether costs differed from one veterinary practice to another.

The vast majority of pet owners respected vets as knowledgeable experts. Many reported feeling unconfident, or even uncomfortable, asking questions, requesting information, or challenging the advice or recommendations provided.

Having said that, there were some pet owners who were more confident making themselves heard by their vet. Some of these had more experience as pet owners, some were unhappy with previous experiences or advice they had been given, and some were more assertive personalities generally.

The different veterinary visits/situational contexts

Not all veterinary visits were the same. Those which were urgent or unexpected and those which were more life-threatening or high risk created a decision-making context where emotions often dominated pet owners' choices. In these situations, consideration of factual information was often reduced. The emotion and urgency of the situation took priority over asking about and considering treatment options.

Affordability and the cost of veterinary care

Pet owners unanimously considered veterinary care in the UK to be expensive.

We found widespread acknowledgement that the extensive training and knowledge of vets, alongside a lack of alternative options for treating ill or injured pets, meant these high costs were accepted as inevitable. We also heard that, because there were no obvious benchmarks, it

was difficult for pet owners to judge whether they had paid a fair price for the veterinary treatment received.

Those on lower incomes or facing financial constraints reported often making sacrifices to pay for veterinary care. Some had chosen to cancel pet insurance to manage affordability.

Most pet owners did not generally question or compare prices in choosing or agreeing to veterinary treatment. It was considered that costs would not vary significantly between veterinary practices.

There was significant variation in whether costs were discussed, as well as when and how they were presented in different veterinary practice scenarios.

The role of insurance in decision-making

We spoke to a relatively even mix of pet owners with pet insurance and those without.

The overriding reason for taking out insurance was fear of high, unexpected bills. Though many pet owners assumed they would never need to use their policy, they felt protected financially by having it.

A proportion of our sample told us they had reduced or cancelled their insurance policies due to the current economic context. Some of these owners told us they had put money aside in case of emergency, but others spoke deliberately of ‘gambling’ on the hope their pets would not need expensive treatments or care.

The cases of pet owners without insurance did reveal different behaviours, particularly when it came to referrals to specialists. For example, when complex surgery was required, cost became a more important influence in their decision of whether to proceed and, in some cases, where to go for the specialist treatment.

We also heard examples where pet owners told us their vets had responded in a way that made them believe there were different treatment options for those who were insured and those who were not.

1.2 Choosing a veterinary practice

Many pet owners found a veterinary practice, rather than having actively chosen one, often making the decision after acquiring or deciding to get a pet. Consequently, we heard that it was largely practical issues that pet owners considered when choosing a veterinary practice.

The key choice factors in order of importance were proximity and accessibility, recommendations, and the ability to access appointments when needed.

Proximity and accessibility

The primary driver in the choice of a veterinary practice was proximity to the pet owner’s home and, in some cases, place of employment. But considerations such as the ease of accessing the practice by private car or public transport were also taken into account.

Recommendations

A large proportion of pet owners took word-of-mouth recommendations from family members, neighbours and friends into account in choosing a veterinary practice. These recommendations

were often supplemented by checking online reviews on vet practice websites, looking at review apps and comments on social networking platforms.

When evaluating veterinary practices, the focus was on the softer skills of the practice such as whether the staff were pleasant and caring towards the pet, rather than on the technical capabilities of the practice which pet owners did not feel in a position to judge.

Ability to access appointments

Alongside the proximity and accessibility of the veterinary practice and positive recommendations, many pet owners made enquiries to ensure they would be able to secure a convenient and reasonably prompt initial appointment. This was because at the time of looking for a veterinary practice, they were also looking to book their first appointment.

Other factors considered in choosing a veterinary practice

Outside of the factors already discussed, a range of other considerations were sometimes mentioned by pet owners. This included: the provision of separate areas in the reception for dogs and cats to reduce pet anxiety; the out of hours service; and whether the practice specialised in pets apart from cats and dogs (for instance the treatment of 'exotic' pets or those with pet rabbits).

The role of price in choosing a veterinary practice

Price was not a dominant consideration at all for pet owners in choosing their veterinary practice. This was because most pet owners believed there was not a significant difference in the prices charged by different veterinary practices. This was a belief/assumption that few, if any, pet owners validated ahead of making their decision on the choice of vet.

The role of practice ownership in the choice of a veterinary practice

Most pet owners did not know, with any certainty, the ownership status of their veterinary practice, and therefore this was not a top of mind consideration in choosing a veterinary practice. When the issue of ownership status was raised in the interviews, the majority of pet owners reported that the level of care demonstrated by the individual vet towards their pet was more important than whether the veterinary practice was independent or part of a chain.

It should be noted, however, that there was a vocal minority of pet owners who expressed the view that larger chains were likely to be less sensitive to the needs of pet owners. Importantly, only a small number of pet owners based this view on direct experience, with most playing back a 'received narrative' about larger chains being less able to respond to customers' needs than independent vet practices.

1.3 Switching veterinary practice

The research included a small number of pet owners who had switched from one veterinary practice to another in the last six months for reasons other than moving home.

1.3.1 The inertia effect

The low incidence of switching reflects an inertia effect that was widespread among pet owners in this qualitative research. The following two key factors were put forward to explain why pet owners were reluctant to change from one practice to another.

Inconvenience and emotional stress

Switching veterinary practice required the pet owner to invest time and energy in identifying an alternative practice that was at a convenient location and to deal with the perceived hassle of registering with a new vet practice.

In addition, there was the emotional stress involved in ending the relationship with their existing vet and embarking on a fresh relationship with a new vet. We found trust to be critical in the pet owner/vet relationship and establishing that trust with a new vet was felt to be challenging.

Lack of certainty in finding a better veterinary practice

In addition to the inconvenience and emotional stress of switching to a new veterinary practice there was the issue of whether the change would ultimately be for the better or not.

For some, this was about whether the choice of a new vet practice did, in fact, provide a more caring service. For others, it was about whether the quality of the actual veterinary care would be superior. And for some, it was about the practicalities of whether getting an appointment and ease of access would be improved.

1.3.2 The key reasons for switching

Those pet owners in the research who had switched did so for three main reasons, which, in order of incidence were: breakdown in trust, lack of empathy and service, and accessibility.

Breakdown in trust

Trust was said to be broken either because there had been a major critical incident that was not satisfactorily resolved, or because of a buildup of mistrust over time, with a sense from the pet owner that the situation was not being resolved and/or the appropriate level of care was not being provided.

Lack of empathy and service

Some pet owners said they switched because they felt they were being treated in an anonymous, unfriendly way by the veterinary practice - one that did not demonstrate any sensitivity or empathy towards their pet or themselves as pet owners.

Accessibility

Switching also took place because pet owners reported not being able to make an appointment when they felt it was most needed.

In addition, switching was sometimes linked to changes in the availability of nearby parking. Worrying about whether and where the pet owner could park their car created unnecessary stress.

Cost

We had only one case in the research of a pet owner switching solely for cost related reasons.

1.4 Pet healthcare plans

There was a wide range in terms of pet owners' knowledge and understanding of what pet healthcare plans covered. Pet owners did not always understand the difference between pet healthcare plans and pet insurance.

Those who had purchased pet healthcare plans

Of the pet owners included in the research who had bought pet healthcare plans, most reported being offered the plan by the veterinary practice or noticing promotional material about them at the practice. The promotional material had prompted them to enquire about the plans.

The primary reported benefit of acquiring a pet healthcare plan was the ability to spread the costs of veterinary care out evenly over time. In addition, there were some pet owners who reported they were attracted to the plan because it reassured them that they were prioritising, and acting on, their pet's welfare.

Most pet owners reported that they were clear on what was being offered as part of their pet healthcare plan. However, many were not able to provide a detailed account of precisely what was covered in the plan beyond citing regular flea and worm treatments and an annual vet visit.

Most pet owners reported being satisfied with their pet healthcare plan. Although a few felt that they were not utilising the plan's full potential, suggesting it contained 'benefits' they didn't need or want. Despite under usage, those pet owners reported that they were not considering cancelling their healthcare plan.

The cancelling of pet healthcare plans

There were only a few cases of pet owners cancelling their pet healthcare plans because they felt it was not providing value for money. These pet owners did not report any challenges when cancelling their plan.

Those who had not purchased pet healthcare plans

The main reason given by those who had been offered a pet healthcare plan, but had not yet taken one up, was that they did not feel it was needed. They didn't want to pay for additional services they felt they might not use, and they did not think that pet healthcare plans provided value for money.

A minority of pet owners thought that pet healthcare plans were encouraging pet owners to visit a veterinary practice more frequently than was necessary. They talked about this having

created a knock-on effect whereby it became harder for those with ‘real’ pet needs to access appointments.

1.5 Prescriptions

The pet owners in the research who had bought prescribed medication for their pet in the last six months were a mix of those who needed the medication for a one-off treatment and those who needed the medication for an ongoing condition.

In the majority of cases, pet owners were not aware that they could ask their vet practice for a prescription for a fee and then get the medication from elsewhere. Among those who did know this, only a few had learnt about this from the veterinary practice. Most discovered this information from friends or family members.

There was some variation in the prescription medication experience across different scenarios, each of which are briefly reviewed below.

Regular preventative treatments

Preventative treatments covered flea and worming medication. Most reported obtaining such treatments from their veterinary practice. For new pet owners especially, this gave them assurance they were doing the best for their pet.

Most pet owners had not considered obtaining only a prescription from their vet practice with a view to obtaining the medication from an alternative source.

There were some pet owners who had discovered from friends, shopping observation or information searches that non-prescription flea treatments could be purchased from other sources such as pet stores and online channels and pursued this route because it was more affordable.

One-off treatments for ailments or injury

Often, the prescription medication and the treatment were provided simultaneously in these scenarios. Pet owners were rarely given options for alternative medication or provided with alternative ways to source the prescribed medication.

Specific treatments for ongoing non-life-threatening conditions

A small group of pet owners reported needing to obtain regular prescription medication for issues such as blood pressure, arthritis, and other chronic conditions.

These pet owners usually reported sourcing this medication from the vet when they attended check-ups aimed to ensure the medication was appropriate, given the condition of the pet.

These pet owners mostly believed that these types of prescription medications could not be renewed or re-prescribed without a health checkup for their pet. This resulted in these types of medications tending to be purchased from the veterinary practice.

In a few cases we found pet owners who, when dealing with a longer-term ailment reported finding other sources for the prescription medication. These including online vet pharmacies and regular human pharmacies.

Specific treatments for ongoing more serious or life-threatening conditions.

Here we are referring to prescription medication for serious conditions such as heart issues.

Given the severity of the conditions, the required knowledge about the pet history, and the heightened sense of risk, most pet owners felt that they could not ask - and did not want to ask - for a prescription from their vet so they could obtain such medication from alternative sources.

1.6 Referrals

The research included a small number of pet owners who had been referred to a specialist centre for treatment in the last six months.

1.6.1 Reasons for referral

The main reasons for referral were to access a specific expert, diagnostic test, or treatment or for a surgical procedure that could be not conducted at the regular veterinary practice.

Referrals to a specialist centre for diagnosis or treatment

The majority of pet owners who had been referred to a specialist centre reported that the reason for the referral was clearly explained to them, and they were satisfied with the explanation.

We found only one case where the pet owner was given options of specialist centres from which to choose.

The choice of referral centre was not questioned by pet owners who felt that they did not have the knowledge or expertise to question the choice that had been made on their behalf by the vet. None of the pet owners undertook research of their own to try to find and evaluate the specialist referral centre options that might have been available to them.

We did not find any cases where the pet owner sought information about, or was voluntarily provided with information about, the connection or commercial relationship between the veterinary practice and the specialist centre to which they were referred. This was not a concern for pet owners.

In the majority of cases, the cost of the specialist consultation at the referral centre, and the cost of any treatment provided at that consultation was not known until the bill was presented. There was one case where the cost was presented as a rough estimate by the vet practice in the context of explaining the referral versus other treatment options.

Pet owners did not question why costs were not discussed in advance at the time of referral. However, during interview they reflected that they were now more likely to ask cost related questions in advance should this arise in the future.

Referrals to a specialist centre for surgery

In the sample of cases where a pet owner reported a referral to a centre equipped to conduct specialist surgery they reported the reasons for referral being clearly explained.

Virtually all pet owners did not question the referral and went ahead with the referral centre recommendation of the veterinary practice, reflecting their limited knowledge and need to trust in the expertise and experience of their vet.

In one case the vet informed the pet owner that the centre to which they were being referred was part of the same veterinary group.

There was only one case where the cost of different treatment options was discussed in detail by the referral centre. Despite this the final bill still came as a shock. In all other cases pet owners did not recall receiving estimates in writing or an estimate that explained any likely extra costs, such as medication, from the referral centres.

For those who had the experience of referral for pet surgery, the memory of the extremely high costs remained highly resonant. As a result, these pet owners said they would be likely to ask more questions about cost earlier if the situation arose again.

1.7 Diagnostics

We spoke to a small number of pet owners who had received diagnostic treatment in the form of x-rays and blood tests in the past six months.

In all cases, pet owners reported that the need for the diagnostic treatment was adequately explained.

In most cases, pet owners were provided with a broad verbal estimate of the likely cost in advance; but were not advised of the exact diagnostic treatment cost nor any indication of any extra costs that might be incurred.

Pet owners did not recall being presented with alternatives in terms of options, and/or places at which the diagnostic tests could be performed.

Pet owners often reported that they perceived the costs of X-rays and blood tests to be high. They thought this largely because of the limited amount of time these procedures took and also because they did not necessarily provide a resolution to the issue facing their pet.

1.8 Out of hours services

The small number of pet owners who had used out of hours services in the past six months reported doing so for a range of reasons, notably due to concern about their pet's deteriorating condition or due to a sudden seizure, trauma, or accident.

None of the pet owners using an out of hours service reported having the specific details of their veterinary practice's OOH provision at their fingertips. And the out of hours provision was not the major factor in their initial choice of a veterinary practice.

However, all reported they were quickly able to access information about the out of hours service either by listening to their veterinary practice's pre-recorded out of hours message or by looking at the practice's website. Some found an out of hours service by using an online search engine.

The decision on which out of hours service to use was based on what was the most straightforward and convenient in terms of distance and travelling time.

All of the pet owners who had used out of hours services expected and accepted that the cost of this service was going to be expensive. Only one pet owner reported making a decision on which out of hours provider to use based on the cost.

1.9 Cremation

The small number of pet owners included in the research who had experience of using a cremation service in the past six months included those who had chosen a cremation provider themselves, and those who had used a service recommended by their veterinary practice.

Veterinary practice led cremation decisions

Pet owners reported that dealing with a cremation was a highly emotional experience and therefore their ability to recall the details of how that transaction was handled was often limited.

Pet owners reported that they felt relieved that their veterinary practice had taken the lead in dealing with the cremation arrangements. They were happy to leave the choice about which cremation provider to use to their vet. They only considered certain details, such as whether they wished to keep the ashes and what type of urn to use. They also accepted, without question, the costs associated with the service recommended.

In this context, we found pet owners did not undertake research themselves on different cremation providers and did not ask questions about whether there was any commercial relationship between the veterinary practice and the cremation provider.

Pet owner led cremation decisions

In one of the cases where a pet owner choose the cremation provider, they used internet searches to assess different options. Here, the focus was on finding a provider that would be respectful and provide the precise cremation service wanted for their pet.

In the other case, the high cost of the cremation service was the factor that prompted the pet owner to consider different options. Apart from this example, cost was not a factor in the choice of cremation arrangements.

In both cases, establishing that the cremation would be an individual one for their pet, and not part of a mass cremation, was a critically important factor in their decision.

2. BACKGROUND TO THIS RESEARCH

2.1 Research Background

Substantial increases in the number of UK pet owners post-pandemic and the cost-of-living crisis, alongside rapid industry consolidation, has led the CMA to initiate a market review of the veterinary services sector.

This qualitative research was designed to help develop the CMA's understanding of how the market is working for pet owners by understanding the experiences of domestic pet owners in the veterinary sector.

The CMA was keen to understand the behaviour of pet owners and, in particular, examine how they choose a veterinary practice and decide on what treatments and services to obtain for their pets.

2.2 Research aims

The aim of the qualitative research was to build a picture of pet owners' experiences around the following key topics:

- Pet owners' reasons for their choice of veterinary practice.
- Pet owners' understanding of the ownership of their veterinary practice and the importance they place on this when choosing a practice.
- Pet owners' behaviour and experiences in relation to pricing information of veterinary services.
- Pet owners' switching and 'shopping around' behaviour between vet practices.
- Pet owners' use and experience of 'routine' treatment services.
- Pet owners' use of repeat medication (e.g. flea and worming treatments) and their awareness of the options for the fulfilment of prescriptions.
- Pet owners' experiences of being referred by their vet to a specialist, for example for tests and surgery.
- Pet owners' experiences of diagnostic tests and surgery.
- Pet owners' use and experience of out of hours services.
- Pet owners' choice and use of pet cremation services.
- Pet owners' take up and experience of annual pet healthcare plans.

2.3 Methodology

This report is based on 64 in-depth interviews conducted with UK pet owners who had used paid-for veterinary services for household pets within the last six months.

Of these interviews 45 were conducted online and 19 were conducted face-to-face in respondent homes across the UK.

Prior to the main interviews, eight interviews were conducted to cognitively test and develop the research discussion guide.

The aim was to provide a wide spread of experiences for different types of pet owners, so quotas were set across a wide range of factors, including the following:

- Region – England, Scotland, Wales and Northern Ireland.
- Demographic spread.
- Pet owner experience.
- Pet type, age and breed.
- Independently owned vs a chain of vet practice.
- Insured vs not insured.

In addition, quotas were set in order to ensure that pet owners had relevant experience of using specific veterinary services in the past six months, namely – prescription medication, diagnostics, referrals to a specialist, out of hours and cremation services.

In the Technical Annex to this report, we provide a detailed sample breakdown.

The interviews were conducted between 19 October and 29 November 2023.

2.4 Sample Breakdown

QUOTA CATEGORY	TYPE OF QUOTA	QUALIFYING CRITERIA	TARGET	ACHIEVED	QUESTION NUMBER
Pet Type (all owners must have paid for a treatment or service at a veterinary practice for this pet in the past 6 months, inclusive of cremation or similar services if the pet has died recently)	Hard quota - interlocking with insurance below	Dog	30	36	Q11 (with a mix of breeds at Q12 as much as possible)
	Hard quota - interlocking with insurance below	Cat	24	22	Q11 (with a mix of breeds at Q12 as much as possible)
	Hard quota - interlocking with insurance below	Other small domestic animal (in the home)	6	6	Q11
Insured vs Not	Hard quotas	Dog insured	15	20	Q14a
	Hard quotas	Cat insured	12	10	Q14a
	Hard quotas	Other small animal insured	3	3	Q14a
	Hard quotas	Dog uninsured	15	16	Q14a
	Hard quotas	Cat uninsured	12	12	Q14a
Health Plan vs Not	Hard quotas	Other small animal uninsured	3	3	Q14a
	Minimum quota	Bought health plan for dog	10	11	Q14b
	Minimum quota	Have not bought health plan for dog	10	23	Q14b
	Minimum quota	Bought health plan for cat	8	7	Q14b
	Minimum quota	Have not bought health plan for cat	8	17	Q14b
Independent Vets vs Groups/Corporates	Minimum quota	Independent vets	25	24	Q8
	Minimum quota	Big 6 Corporates Other corporates	25	36 4	Q8 Q8
Switchers	Minimum quota	Switched vets in past 6 months for reasons other than moving house/geography	10	11	Q9
Country & Region	Maximum quota	London	15	15	Q4a
	Minimum quota	Northern Ireland	5	11	Q4a
	Minimum quota	Wales	6	7	Q4a
	Minimum quota	Scotland	8	13	Q4a
	Maximum quota	England wide (excludes London)	20	18	Q4a
Living Area	Maximum quota	Large city	35	31	Q4b
	Maximum quota	Smaller city/large town	15	8	Q4b
	Maximum quota	Mid-sized or smaller town	15	14	Q4b
	Minimum quota	Village (large or small)	7	9	Q4b
	Minimum quota	Hamlet or rural	5	2	Q4b
Services of Interest (paid for the following services within the past 6 months)	Minimum quotas	Out of hours emergency	4	5	Code 17 at Q10
	Minimum quotas	Pet cremation services	4	5	Code 11 at Q10
	Minimum quotas	Referral services	6	6	Code 21 at Q10
	Minimum quotas	Diagnostic services (e.g. Xrays or blood tes	6	6	Code 18 at Q10
	Minimum quotas	Ongoing medication or check-ups	10	39	Codes 1 or 3 at Q10
	Minimum quotas	Surgery	6	6	Codes 9 or Q14 at Q10
	Minimum quotas	Neutering	3	5	Code 19 at Q10
	Minimum quotas	Pharmaceutical (i.e. prescriptions filled)	6	16	Code 2 at Q10 and mix of codes 1 and 2 at Q10a
Pet Age	Minimum quota	Under 2 years	15	12	Q13
	Minimum quota	2-9yrs	15	36	Q13
	Minimum quota	Over 9yrs	15	16	Q13
Age of Pet Owner	Minimum quota	18-24yrs	6	4	Q3
	Minimum quota	25-49yrs	15	32	Q3
	Minimum quota	50-69yrs	15	25	Q3
	Minimum quota	70yrs+	6	3	Q3
Owner Type	Target quota (soft, let'	Inexperienced	15	17	Codes 1, 2 or 3 at Q15
	Target quota (soft, let'	Experienced	30	47	Codes 4, 5 or 6 at Q15
	Minimum quota	Single Pet Owner	20	38	Q11
	Minimum quota	Multiple Pet Owner	20	26	Q11
Gender	Minimum quota	Male	20	21	Q2
	Minimum quota	Female	20	43	Q2
Income	Minimum quota	Very low income (<20k)	6	6	Codes 1,2,3 at Q4c
	Minimum quota	Very high income (£100k plus)	3	6	Codes 9, 10, 11 at Q4c
	Mixed distribution - n	Medium income	NA	NA	Mix of codes 4-8 at Q4c

3. THE CONTEXT FOR PURCHASING VETERINARY TREATMENTS AND SERVICES

Introduction

It is important to understand the context in which pet owners approach decisions about choosing a veterinary practice and make decisions about different treatment options.

In this section, we cover the following elements which set the scene:

- The emotional context of pet ownership and responsibility.
- The limited knowledge of pet owners, the expert knowledge of vets and the halo effect.
- The different veterinary visits/situational contexts.
- Affordability and the cost of veterinary care.
- The influence of pet insurance on pet owner decision making.

The emotional context of pet ownership and responsibility

All pet owners in our qualitative research considered their pets to be loved family members and close companions who were fully reliant on them for their care, wellbeing and happiness.

The responsibility of caring for and making decisions on behalf of their pets is, therefore, a particularly emotional one as illustrated in the quotes below.

She's more of a family member than a pet... I've never been able to do anything that allows me to be away from her for more than 11 hours, because after that rabbits don't function well on their own.

(Northern Ireland; male; 34yrs; 1 rabbit; Insured; chain vet)

I spent more money on grooming that dog, then I do in going to the hairdressers for myself!

(Scotland; female; 40yrs; 1 dog; insured; independent vet)

They're more than an animal aren't they – they are really our furry babies

(Wales; male; 47yrs; 1 dog; insured; chain vet)

She still gets the same, it's me who goes without, she seems to have more than anyone else...No, it would be like cutting back on my kids, she's part of the family, and treated even better sometimes.

(Wales; female; 60yrs; 1 dog; not insured; chain vet)

Pet owners frequently reported a degree of anxiety in making sure that they were doing the right thing for their pet's well-being. This anxiety was greater in cases of first pet ownership or lack of experience and familiarity with caring for pets and paying for pet care.

Alongside this, many pet owners reported feeling an ongoing sense of guilt in not knowing if they were doing the best possible thing for their pet(s) due to the fact they felt there were so many different and often contradictory sources of information available to them.

*One minute they seem fine on one diet, then they won't eat or start vomiting... then you hear someone tell you it's better to feed them raw food, then someone else tells you something different... so you don't ever know if you're doing the right thing.
(London; female; 46yrs; 1 dog; not insured; chain vet)*

The sense of guilt came out in our conversations with pet owners who spoil their pets through 'over-loving' them, only to find the pets could suffer with issues like being overweight, eating the wrong things through lack of discipline, or even suffering with issues such as skin conditions.

*I felt so bad because I knew that if I had kept her (the cat) on the right diet, she would have been better off, but I know she doesn't like the prescribed food, and I just love her too much to see her unhappy.
(Scotland; female; 38yrs; pet cats; insured; chain vet)*

The limited knowledge of pet owners, the expert knowledge of vets and the halo effect

The majority of research participants had limited understanding of different treatment options when it came to veterinary care, the likely cost of these treatments, or whether the cost would differ from one veterinary practice to another.

This lack of knowledge meant pet owners told us they felt unable to fully evaluate the technical expertise or capability of their vet.

At the same time, the vast majority of pet owners we spoke with, recognised vets as extensively trained specialists in their field. Indeed, many would comment on the fact that vets required longer training than doctors.

These two observations, in combination, help explain why the pet owners we spoke with said they often found it difficult to know what questions to ask to inform their decision-making. Some pet owners also expressed a lack of confidence in being able to voice doubts or question the advice of vets because of the vet's perceived elevated knowledge status and professional standing, so felt they needed to simply trust the vet's advice without question.

*It's difficult, isn't it? Because you have to go on what your vet says. So you have to trust their opinion...you have to be able to trust them as professionals. You know, you're (the vet) trained professionals, and you know more than I do.
(England; female; 37yrs; 1 dog and 1 rabbit (recently deceased), insured; independent vet)*

*I totally trust in what advice I get from them. I think any of the vets I have seen have been very experienced and you know, they come across all these ailments every day, and being in a big practice they can pull on each other's knowledge as well.
(Scotland; female; 50yrs; 1 cat, not insured; independent vet)*

*Vets are experienced. And it's not just one animal they're experts in. This is in several animals. They know the breeds- they've had to learn the breeds - they know all of that. With all this (knowledge) they're saving you all of this time... trying to research it yourself. So they have the experience.
(Wales; male; 47yrs; 1 dog and 1 cat; insured; chain vet)*

As a result, pet owners often evaluated their experiences based on how they felt about the vet experience, including simple judgements about elements such as: friendliness, evidence of animal compassion, whether treats were available for pets, etc.

Whilst the above findings were true for the majority we spoke with, we did find some pet owners who were more confident when it came to asking questions or questioning the recommendations or advice of their vets. This was either due to them being more assertive and confident generally (i.e. as individuals), or as a result of accumulated experience often including bad experiences with the advice they had received from vets.

This also included rare cases where pet owners took responsibility for fully interrogating recommended courses of treatments, including requesting written estimates to be able to compare with those offered by other veterinary practices.

So what I do is get an estimate (talking generally about recommended courses of treatments), make sure we do our due diligence on the vet practice and assess in comparison to everyone else... and I've got no hesitation in going back and asking them to make it clear to me why they charging more... I said what you're doing now doesn't meet the high standards which I'm expecting... But it's still your job to take care of my pet or anybody's pet in a proper and professional manner.

(England; male; 43yrs; 2 dogs; insurance; independent vet)

This 'power imbalance' between vets and pet owners and the reported need of owners to trust their vets as a result, combined to form a strong '**halo effect**'. This meant that most pet owners reported a positive overall experience with their vets, even in cases where they expressed doubts about treatment advice or a shortfall in the quality of service received.

I've had some experiences when I've been in tears leaving the vet because they've been so rude to me or even been blatantly wrong about their diagnosis... but I still go there because it's easy and it's probably not their fault – they are just under stress like all of us.

(England, female, 46yrs; 1 dog; not insured; independent vet)

The different veterinary visits/situational contexts

While the responsibility of caring for their pet's/pets' wellbeing was considered a serious and emotional one by all pet owners in this research, there was acknowledgement that different types of vet visits were more emotional than others.

In particular, visits that were deemed 'urgent' and unexpected, (e.g. an accident requiring use of out of hours services), major life-threatening surgery or treatments, and end-of-life decisions including when considering cremation services, were the most stressful and emotionally distressing for pet owners.

In these situations, pet owners we spoke to found recall of the specific decision-making elements quite difficult due to their heightened stress at the time. Most acknowledged that rational considerations such as: asking for information or cost, asking questions, or weighing up alternatives, were often overlooked (or respondents could not accurately recall them) in their desire and need to make fast, stress-alleviating decisions.

These will be discussed in more detail in the next chapter which outlines specific types of scenarios.

Affordability and the cost of veterinary care

In our interviews across all pet owners, we heard consensus in the opinion that veterinary care was ‘expensive’, but equally, the costs had to be accepted if one wanted to do the right thing for their pet.

We all know vets are expensive – it’s a fact of life – there’s nothing you can do about it – if you’ve got a dog you can’t complain if you get a big bill... you just need to accept it.
(London; male; 41yrs; 3 dogs; no insurance; chain vet)

You know as soon as you walk into a vet practice that you going to have to part with a large amount of cash. But what can you do about it? You’ve just got to trust and know it’s going to be expensive but what can you do?
(Northern Ireland; male; 50yrs; 2 cats; insured; chain vet)

Many pet owners we spoke with felt vets deserved high rewards given their training and skills in having to care for many different types of animals.

They’ve had years of training...You get what you pay for – if you want the best you’ve got to pay for it.
(England; male; 34yrs; 2 cats; insured; chain vet)

We spoke to some others who were more sceptical of the industry, questioning the high costs.

You do feel that it could be a complete rip-off!
(London; male; 36yrs; 1 dog; insured; chain vet)

The costs seem to be going through the roof. I think they try to push you into things and charge for every small item - and who knows whether it’s really needed or not. I sometimes wonder whether it’s more about them wanting to make money.
(Wales; male; 54yrs; 1 dog; not insured; chain vet)

I paid to have my dog spayed and had a fee quoted for this, but I then asked whether I could have a blood test at the same time, but they wanted another £500. This is absolutely ridiculous We’re all working in the household so we can afford it but no one wants to pay out silly money or feel they’re being exploited.
(England; female; 56yrs; 2 dogs; insured; chain vet)

We also spoke to some pet owners who said they found the costs hard to accept or judge, particularly as there was no readily available benchmark or ‘significantly cheaper’ veterinary care alternatives.

It feels expensive... but I would imagine if you were in the States and you were going for medical care as a human being, you’d be surprised how much it might cost, but we are used to the NHS, so we don’t have any idea about the real cost.
(Northern Ireland; Male; 50yrs; 1 dog; insured; independent vet)

Because there were no real comparable services, pet owners found it difficult to reasonably assess whether they were being ‘ripped off’ or offered a reasonable price for veterinary services.

Beyond the perception of high costs in general, we also heard a number of cases where ability to pay for pet care was increasingly becoming an issue for pet owners, with the cost-of-living crisis exacerbating the situation for many. This was particularly heard from pet owners with lower incomes or less ability to pay.

Case Study – Female, Northern Ireland, 47yrs, pet cats, insured, independent vet

The pet owner in question had inherited a large unpaid bill with her veterinary practice when her mother passed away and she took on responsibility for her mother’s pets. The unpaid amount had been treated like a ‘loan’ by the vet practice and she paid off what she could on a monthly basis, but told us about how recently, she had fallen behind in these payments whilst struggling to balance the needs of her own cats which also needed veterinary care.

The practice had begun to send her ‘proper invoices’ for the first time and were not lenient about payment terms. This made her wonder if it had changed ownership and made her wonder what might happen if she was unable to pay (which created new worry).

*Pet care costs have become over inflated, which makes it inaccessible for a lot of people. Pets are an amazing part of people’s lives, so it’s really disappointing that it’s inaccessible for so many to care for their pet properly.
(London; female; 25yrs; 4 cats; no insurance; chain vet)*

*It’s a struggle but I’d rather go without than be without (pet name). You try and do your best even if it means putting yourself in a position of cutting back ... even though there are sacrifices for me... it’s what you do for a treasured companion and a member of the family... like your child.
(Wales; female; 60yrs; 1 dog; not insured; chain vet)*

Given these findings, it is perhaps not surprising that we found, across the pet owners we spoke with, most did not generally question or compare prices in choosing or agreeing to veterinary treatment. Also, the pet owners we spoke to broadly thought that costs would not vary significantly between veterinary practices.

We also heard significant variation in whether costs were discussed, when and how they were presented in different veterinary practice scenarios. These are discussed in further detail in the following section.

In some cases, we found that pet owners had ‘learned’ to ask for prices after experiencing a horrifying price for treatment unexpectedly and as a result having to forfeit a holiday, new kitchen or even everyday household essentials. Similarly, we spoke with pet owners who had expected a treatment to be covered by their insurance policy, only to find out that it was not. In those pet owners this created a learned behaviour to deliberately ask for costs and options from their vet.

The influence of insurance in decision-making

This research was not focused on the topic of pet insurance. At the same time, it was important to include in the sample pet owners with pet insurance and those without to try to understand the impact of insurance on their decision-making. We set quotas to ensure we spoke to n=36 respondents who had pet insurance at the time of the research. Pet owners did not necessarily have insurance during the course of their pet ownership.

Across our sample, pet-owners generally believed, either from experience or from general perceptions, that pets were expensive and veterinary care was a large contributing factor in the overall expense.

We therefore found instances of pet owners having taken up insurance because:

- They had heard of or experienced unexpectedly high vet/animal hospital bills.

Because I inherited my mammy's pets when she passed away and saw how much she owed the vet, I immediately knew how much they (the pets) could cost, so I knew I couldn't afford not to insure my cats.

(Northern Ireland; female; 47yrs; 1 cat; insured; chain vet)

- They were naturally attuned to seeing negative possibilities which made them fearful and risk averse. Again, this was either due to previous experience, or simply a tendency to worry about what might happen to their pet and whether they could afford insurance to help mitigate that worry.

... if a dog gets hit by a car, they'll charge you like £5000. So you're crazy not to get insurance.

(London; male; 36yrs; 1 dog; insured; chain vet)

Conversely, the research also highlighted cases where pet owners had made a deliberate decision not to take up, or continue with, insurance cover for their pet(s). This was usually due to the cost of the insurance premiums and a reported sense that these costs were increasing significantly in the current financial context, or because of previous claims the pet owners had made.

The insurance started off where it was £15 a month when he was a puppy, but in February this year we decided to cancel it - because it went up to £92 a month. So it's gradually gone up over the last 10 years. So it's hit a new high and the excess had gone up so it wasn't worthwhile.

(Wales; male; 27yrs; 1 dog and 1 cat; not insured; chain vet)

Some of the pet-owners choosing not to purchase insurance, or who had chosen to cancel their insurance policies told us they were putting money aside in savings as a way to balance their decision.

We've had to cut the cost with regards to the insurance. Ideally I would have liked to have continued with that if I could. But we definitely had to cut back. I was actually on maternity leave with our daughter, so my pay had dropped significantly... we were having to prioritise other things. And we just decided that we would be better off putting £50 a month into a separate account. And at least we would have some of the full amount to fall back on (for a future vet bill).

(Wales; female; 27yrs; 1 dog and 1 cat; not insured; chain vet)

The cost became prohibitive so decided to cancel and put money aside each month and sort of be my own insurer.

(Northern Ireland; female; 50yrs; 1 dog; not insured; independent vet)

Although some illustrated optimism bias and/or cited income levels/affordability as reasons not to have insured their pet(s).

My wife and I discussed this quite closely and we decided in the end that we wouldn't take out pet insurance because we felt we were quite comfortably placed and could handle what might come up in the future.
(London; male; 71yrs; 1 cat, not insured; chain vet)

We decided to take a gamble on not being insured and just hope we don't get a big bill in the next few years...
(Northern Ireland; female; 50yrs; 1 dog; not insured; independent vet)

The research did find examples of how having pet insurance influenced pet owner behaviour. For instance, cost consideration played a greater role in decision-making for those uninsured, as the quoted price of some treatments (especially diagnostics and surgeries) were sometimes unaffordable.

We also heard examples where pet owners told us their vets had responded in a way that suggested to them that there were different options for those who were insured versus those who were not.

They said if we had insurance the expensive route at the vet hospital would cost £20K but if we didn't, there would be a cheaper way, where they could do some surgery themselves on the tumour which would cost £1,000-£1,200.
(Scotland; co-owners Male & female; 1 dog; 64yrs; not insured; chain vet).

Our sample included some pet owners who thought the treatment would be covered by insurance, only to find out later that it was not. In the following scenario, the pet owner had taken out insurance, but the pet accident and vet treatment fell within the ineligible period (i.e. too soon after taking out the policy to be included).

In this instance, we saw the pet owner switch from not taking cost into account (because they thought it was covered by insurance), to suddenly needing to scrutinise costs (because they had a limited budget).

However, when we went to claim, they said it wasn't valid because they had a two-week warming up period, so none of it, none of her treatment was covered by insurance...
We did ask all of these questions (about cost) in advance of her staying at the vet. Actually, not the first night she went to the vet, but at that point we thought it was still going to be covered by the insurance, we didn't know at that point it wasn't going to be covered.
(England; female; 33yrs; 2 cats; not insured; independent vet)

3.1 Choosing a Veterinary Practice

This section covers findings related to choosing a veterinary practice which was covered in all n=64 interviews.

It is important to note that the vast majority of pet owners we spoke with chose their vet shortly after either getting or deciding to get their pet. This means that the first vet visit often coincided with the registration process.

3.1.1 Important Factors when choosing a veterinary practice

Many pet owners found rather than chose a veterinary practice. The vast majority we spoke to, selected their veterinary practice on a 'fit-for-purpose' basis. This meant a combination of factors were taken into account, with practical considerations dominating. The following came through strongly across the 64 interviews:

- Proximity and accessibility.
- Recommendations.
- Ability to access appointments when needed.

Proximity and accessibility

The primary driver in the choice of veterinary practice was proximity to the pet owner's home or, in a few cases to where they worked, however, owners equally considered the ease of accessing the practice via private car or public transport.

Information about the location of the practice was reported as being readily available or known in advance as it was part of their neighbourhood.

*Priority was the proximity to where I live. Especially in an emergency or something we don't want to have to travel too far... our vet is only a 15-minute walk away. And if I really need to jump on a bus I'll get there pretty quickly.
(Scotland; male; 41yrs; dogs; not insured; independent vet)*

*I chose the local vet because it's basically 5 minutes from my house. So, if I've got any emergency needs, I can go straight there and it doesn't take me long.
(Scotland; female; 45yrs; 1 rabbit; insured; chain vet)*

Recommendations

Many of the pet owners we spoke with who lived within range of a variety of veterinary practices reported receiving word-of-mouth recommendations from a family member, neighbour or friends. Owners attached considerable importance to the strength of these recommendations.

*When I first got my dog, I went to the vet that my family had used for many years ... my family have known the vet for years.
(England; female; 32yrs; 1 dog; insured; independent vet)*

Such recommendations were also often supplemented by reading online reviews of vet practice websites, using review apps such as Yelp or Nextdoor and relevant social networking platforms such as local WhatsApp groups or local community Facebook pages.

*I look(ed) at reviews... I mean, round here this vet has a huge following online. People love them. You don't ever see a bad review about them.
(England; female; 52yrs; 1 dog; insured; independent vet)*

Case Study – Female, London, 30yrs, 1 dog, insured, chain vet

The pet owner told us about a WhatsApp group which was made up of dog owners in her area and was used to give general commentary and advice on all things relating to dogs. She spoke of how the WhatsApp group helped underpin her decision on choice of vet.

I live in (East London). And there's a huge WhatsApp group called (name), and everyone who owns a dog in the area seems to be on this group. It's got like 130 participants. ... there's a lot of (general) chat on it. But often, there's also really, really useful advice (about pets and vets).

When deciding which veterinary practice to use, most pet owners took a straightforward approach. Since pet owners didn't feel capable of evaluating the technical skills available at any practice, they focused on checking out reviews covering 'soft skills' such as whether the practice staff were pleasant and caring, or simply listening to the experience others had reported.

*I'm looking for a vet who cares about pets, and doesn't you see it as a job to be done and does everything in a perfunctory and sterile way ... I want someone who really cares.
(England; female; 38yrs; pet dog; not insured; independent vet)*

Ability to access appointments when needed

Alongside the proximity of the veterinary practice and recommendations, many pet owners we spoke to also highlighted the importance of being able to make appointments when they were needed. This was something they learned through word of mouth and reviews, but also were able to experience themselves when they made their initial appointment.

*Our vets used to have an open surgery between 9:00 and 10:00 in the morning, which was always very reassuring for me because you knew if there was anything wrong, you could just rock up. That doesn't exist anymore. It's by appointment only now. And they don't have as many appointments (available) now since COVID and the open surgery has stopped.
(Northern Ireland; female; 47yrs; pet cat, insured; chain vet)*

*It's good to know I can always get an appointment there as I know vets are very busy.... So you do need to know that you can book an appointment with them – particularly if an emergency crops up.
(Northern Ireland; male; 34yrs; pet rabbit; insured; chain vet)*

Other factors considered

Over the course of the interviews, we heard a range of other factors considered by pet owners, but these weren't mentioned as widely as the drivers of consideration discussed above.

- Separate areas at reception for dogs and cats. This was particularly relevant to cat owners, as it helped reduce pet and owner anxiety.
- The out of hours service provision. This was important for a pet owner who had used such services in the past.

- Parking facilities. A large proportion of pet owners we spoke to said they preferred to drive to the vet rather than take other transport options.
- Specialism. Rabbit and small animal (not cats and dogs) owners reported often having to find a practice that had the expertise to treat those animals and 'exotic pets'.

The role of price

Price was not top of the mind for respondents at all when they spoke about choosing their vet practice. It was clear that the dominant belief among pet owners was that prices did not differ significantly between veterinary practices – certainly not enough to compensate for the additional time, distance or effort involved in accessing a different practice to the one chosen. Few, if any, had taken steps to check this belief about prices when choosing a practice.

Case Study – Male, England, 56yrs, 1 rabbit, not insured, chain vet

The pet owner had always had rabbits and guinea pigs since he was young. When he moved house he decided to buy a rabbit. He registered the rabbit at a veterinary practice after he had an infected paw. He did not look around for vets but chose based on proximity.

In talking to the pet owner about whether price came into his decision, he clearly confirmed that convenience trumped consideration of cost so much that it hadn't even occurred to him to look around to see what other practices were charging.

We had to take him to the vet, we have Pets at Home just up the road, because his paw was infected...we'd been in there before to buy stuff for him anyway, we just go there because it's the place we always go. We wouldn't go anywhere else just because it's a pound cheaper.

The role of practice ownership

Pet owners' understanding of whether their practice was independently owned or not often proved to be incorrect or uncertain. Most of the pet owners we spoke to did not accurately know the ownership of their veterinary practice and it was not a top-of-mind consideration for pet owners.

At the recruitment stage we found that a large proportion of those who self-reported as registered with an independent practice mis-understood the accurate ownership status of their practice.

*I think it's independent but now you raise this it could be part of a chain. I know they have some other branches.
(England; female; 59yrs; pet cat; not insured; chain vet)*

*I really don't know whether it's part of the national chain or whether it's just because my vets got two other branches locally either way it's not a big issue for me.
(Wales; male; 27yrs; pet cat; not insured; chain vet)*

Most pet owners in this research did not communicate concerns about the ownership structure of their veterinary practice. The vet was considered more important than the practice owner in the eyes of the pet owners we spoke to.

Ultimately, whether it's a branch or part of a bigger chain doesn't matter, the choice comes down to whether they love animals, you know doing all the little things, such as coming out to greet you and your dog when you arrive so you sense they loved the animals rather than the money.

(England; male; 55yrs; pet dogs; insured; chain vet)

Having said this, we found a vocal minority who expressed strong views about veterinary corporates/chains. Within this small group there were those who reported poor experiences and those who had no experience with chains.

I'm not sure about the chains that own vets – can they be trusted like independents? You get a sense that they might be ripping people off.

(London; male; 36yrs; pet dog; insurance; chain vet)

In the course of the interviews, most pet owners said they would like to know the ownership structure of their practice if only for transparency reasons.

I think they should tell you, or it should be easy to find out, particularly if there has been a change in ownership.

(Northern Ireland; female; 47yrs; insured; chain vet)

Some pet owners reflected on the changes they had noticed and questioned whether these were related to a change of ownership for their practice. None, however, were clear or certain on the cause of the changes raised.

These changes included:

- Finding it harder to make appointments.
- Vets seem stressed, short on time, under pressure.
- Vets are moving jobs.
- Invoicing and billing changes.
- New types of payment plans.
- New forms of marketing communication.
- More social networking conversations about vets.

3.2 Switching Veterinary Practices

Within our sample, we conducted n=11 interviews with pet owners who had switched veterinary practices in the past six months for reasons other than moving home.

It is worth stating that, although this figure seems high relative to the number of respondents within other topic areas of this report, this was because of the specific quotas set, not because of a naturally higher incidence of switching.

3.2.1 The Inertia Effect

The process of finding enough pet owners who met this criterion was very challenging, reflecting a significant inertia effect. This was supported by the fact that there was little reported incidence of switching across the entire sample, other than for pet owners who had moved home.

Based on the feedback from the n=11 research participants who had switched in the last six months, we discuss two factors that help explain this inertia effect below.

Inconvenience & emotional stress

The decision to leave one practice for another required pet owners to identify a 'better' practice, register with them and introduce their pet to a new (usually stressful) environment. Further, it required the willingness to forge a new relationship of trust, including upskilling the new practice about the pet's history.

Given the importance of physical convenience to pet owners' when selecting a veterinary practice, it is not surprising that respondents acknowledged that switching practice usually involved selecting a less convenient location.

In other words, the barriers to switching were the required time and energy involved in finding, then attending a (usually) less convenient option.

These pet owners also reported that they had assumed it would be administratively difficult to register with a new vet. Notably, once there was a strong enough reason to move they did not, in fact, find that it was as difficult as they expected.

Lack of certainty in finding a 'better' veterinary practice

In addition to the inconvenience, pet owners said they only considered switching in situations where they had a strong degree of confidence that the new practice would be 'better' than the existing one. 'Better' meant different things depending on what their motivations for switching were.

Examples reported include finding a practice where it was easier to get appointments at short notice; having vets who provided more 'empathetic' care or having more confidence in the quality of veterinary care.

A strong degree of confidence came from the recommendations of family and friends, alongside ratings sourced online, however, often these were not consistent which meant pet owners often remained uncertain about whether the switch would result in a better service experience.

Even though we had that terrible experience with (dog's name), we still use them as our main vet – it's close, it's easy to get to and they know (dog's name), including his last operation, the meds he needs... it would feel like such a hassle to try and find a new vet and then risk them not knowing his (pet) entire history like they do.

(London; female; 46yrs; 1 dog; not insured; chain vet)

3.2.2 The key reasons for switching

Across our switcher sample, the key reasons for switching were, in order of incidence:

- Breakdown in trust.
- Lack of empathy and service.
- Accessibility.
- Cost.

Breakdown in trust

The number one reason for switching was a fundamental breakdown in trust. We saw instances where trust was broken due to a 'critical incident' when it came to treatment or advice regarding a pet. An example is captured below.

Case Study – Male, England, 55yrs, 1 dog, not insured, chain vet

This pet owner's spaniel was diagnosed with a heart condition and, to monitor this, a regime of regular scanning was recommended by the vet. This prompted the decision to switch vets to get a second opinion where it was established that the dog did not have a heart condition and the symptoms could be treated in a less expensive way.

Our dog was in pain and the vet said he had a heart condition... and said we should bring him back every six months for a scan... and my wife asked why would we want to get his heart scanned every six months... which would cost us £700 each time... She asked if his heart would get better... We thought it was a bit of a scam to keep us to paying for these scans... So eventually we switched vets... And it turns out that his heart wasn't an issue.

On the other hand, in some cases there was no single incident, just a general uneasy feeling of mistrust in the advice and treatment of their vet which had grown over time. This also talks to the second trigger which is lack of empathy and service when it came to the advice or treatment of pets and interactions with pet owners.

Lack of empathy and service

We heard situations where pet owners reported the main reason for switching as being a perceived lack of empathy, care or customer service. A consistent theme we heard here was owners feeling they were being treated in a cold, anonymous way - as a 'number' not as a pet owner with particular anxieties and concerns about their pet.

I prefer somebody that cares, or at least pretends to care... so we moved vets. I felt we were just a number. It wasn't warming or a warming atmosphere. So I didn't go back to them- I went to a different vet. Now I feel that the doors always open should you have any concerns. Whereas before there was never any of that.

(England; female; 44yrs; pet cats; uninsured; chain vet)

Case Study – Male, London, 63yrs, 1 cat, not insured, independent vet

The pet owner had switched vets a couple of times. The most recent was due to a perceived lack of transparency and honesty from the vet on the treatment pathways open and the likely success rates in relation to the cost. He had been rescuing cats for the last few decades and expects vets to operate to high principles. He switched to a vet due to failure to deliver the quality of service and empathy he expected and is now with an 'ethical' independent vet practice.

I switched vets recently because I had a negative experience and thought they were more into the money game and weren't being honest about treatment pathways and the success rates of treatments. I paid out £1,000 for a drip therapy they recommended that didn't work so I decided to change.

Trust was also an issue in terms of a practice considered as being 'pushy' as illustrated in the quote below.

I felt like they were kind of quite pushy with the healthcare plan... Even though we felt it wasn't needed... Well, I didn't feel right.

(London; male; 58yrs; pet dog; insured; independent vet)

Accessibility

In other cases, pet owners reported switching practices because of accessibility issues. This was mainly not being able to make an appointment when they needed to and also availability of parking, (many pet owners preferred to drive their animals as public transport was often considered stressful for the pets, particularly for cats).

Case study – Female, England, 25yrs, 4 cats, not insured, chain vet

The pet owner had switched a couple of times due to cost. But since recently switching vets, she is already considering switching again due to parking. Parking is a necessity for her as she struggles with her health and cannot carry her cats long distances. However, upon arrival at the practice, she realised it was street parking instead of a designated car park, which is often full.

The veterinary stuff I think is a little irrelevant, but there is no parking nearby and when you're carrying cats it's like quite a struggle, especially if you've got two in. The parking around where it's situated is really inconvenient, so it makes the whole vet visit quite stressful for me and the cats.

We encountered cases of switching experiences which were necessary because a vet practice had either closed permanently or, in another couple of instances, because a practice was temporarily unavailable when needed due to renovations or holidays.

We also spoke to a pet owner who went elsewhere when needing an out of hours service because the service wasn't available at their local vets. In this case, after the experience of receiving a 'better service' at the new practice, the pet owner decided to select this new practice for subsequent vet visits.

Cost

When discussing switching, only one respondent reported switching solely for cost-related reasons and this pet owner was previously with a specialist clinic prior to switching.

I had previously been with a specialist cat clinic with all my other cats, but that was proving expensive. So we just chose a run-of-the-mill vets this time around.

(Wales; female; 43yrs; pet cats; insured; chain vet)

Having said that, in a couple of instances, where the primary trigger had been a different switching reason (e.g. poor service), pet owners sometimes reported finding their new veterinary practice more affordable. In other words, switching had opened pet owners' eyes to different pricing practices they had not previously considered.

3.3 Pet Healthcare Plans

Whilst most of the 64 pet owners we spoke to within the full set of interviews confirmed their veterinary practices offered pet healthcare plans, there was a wide range in terms of knowledge and understanding about what pet healthcare plans are and what they covered.

One area of particular confusion highlighted in our interviews with pet owners was that some did not know the difference between pet healthcare plans and pet insurance. This was particularly the case where the names of pet healthcare plans and insurance companies and insurance policy names were very similar.

Case Study – Male, London, 41yrs, 3 dogs, not insured, chain vet

The pet owner moved to a new veterinary practice in the last year and previously had not heard of a Pet Healthcare Plan. When joining the vet practice, he was given a pamphlet about it and saw posters around the vet practice, but he never looked into it in much detail.

When registering his third dog, they (the vet practice) noticed he hadn't signed up to their healthcare plan and then proceeded to tell him about what it was and what benefits it offered. With three dogs the insurance had become increasingly expensive, so cancelling insurance for two of his dogs, and purchasing pet healthcare plans instead seemed to make sense financially.

They had mentioned it [the healthcare plan] and they had signs on it, but it was not something I knew initially about or acknowledged.

I was registering my third dog and they were like, 'oh we noticed that you don't have [the healthcare plan] and that's when they spoke to me about it all, and I was like oh that actually just makes financial sense.

Quotas were set to ensure we spoke both with pet owners who had and who did not have pet healthcare plans. The quota for pet healthcare plans only applied to owners of dogs and cats. Within our sample, we spoke with n=16 pet owners who had bought a healthcare plan and n=39 who had not.

Those who had purchased pet healthcare plans

Some of the 16 pet owners with pet healthcare plans, particularly those who were financially minded, had a solid understanding and were able to tell us explicitly what their plan cost and what it covered, whilst others were vaguer or unable to recall details.

Almost all of the 16 pet owners we spoke to who had a pet healthcare plan had been offered the plan by their veterinary practice or had asked about it after noticing flyers, posters or leaflets in the practice. Some recalled receiving SMS text messages or emails/e-newsletters about the plans on offer at their local veterinary practice.

In addition to these conversations at their veterinary practice, in many cases, pet owners told us they discussed the topic with friends and family to obtain a better understanding of other pet owner experiences and used this to inform their own decision on whether to take one out or not.

The primary benefit cited was a financial one, as plans gave the ability to spread costs out evenly over time. The latter was particularly relevant for:

- those pet owners who were financially minded,
- those with lower disposable income, or
- those finding their incomes particularly stretched.

Pet owners with plans also told us they believed the plans served as a 'safety net', reassuring them that they were prioritising their pet's welfare.

Case Study – Female, London, 41yrs, 1 cat, insured, chain vet

The pet owner used to be at an independent vet practice but that closed down, so she decided to move to a larger chain vet where she could get 24-hour care. One of the main differences she noticed between her previous independent vet, and the chain vet was the cost. Because of her pet healthcare plan, she was able to get the same service for a little cheaper for her cat.

Definitely noticed that on price. His (referring to her cat) pet plan over the year is a little bit less but he still gets the same service. I would say that is the main difference.

It's probably only 30 or 40 quid over the annual period, but I think it's fair. He gets his regular checks, he can get his medication, that's all included in the plan.

Most pet owners who had decided to purchase a pet healthcare plan said that they were clear on what was being offered. This was more the case if they had made use of the plan for some time, (as opposed to being new to the plan). Having said that, most were unable to give us specific details of what was covered beyond regular flea and worming treatments and usually a free or discounted vet visit per annum. This lack of detailed evidence confirmed that plans were not generally well understood and not fully used.

Examples of the types of explanations we heard in the research are captured below.

*He (the dog) is part of the healthcare club, and that gives him a couple check-ups a year, any nail clippings and doing anal glands, all that kind of stuff. I think it's only £21 a month or something like that.
(England; female; 37yrs; pet dog and rabbit; insured; independent vet)*

*The healthcare plan - I think that's about £15 a month, but that covers us. It gives us a slight discount...if we go to see the vet. I think it's like a 10% discount. It also covers fleas, worm ticks, any injections she has to have, any boosters.
(Wales; male; 47yrs; pet dog; insured; chain vet)*

Most owners with pet healthcare plans told us they were satisfied with them, although a minority of pet owners reported feeling they may have been oversold services they have not yet used or that they think they were unlikely to use. One respondent, for instance, compared their pet healthcare plan to a gym membership which encouraged regular use, but acknowledged they 'couldn't be bothered' visiting the vet unless their pet was sick, (also because their pet generally disliked/became anxious going to the vet). The same pet owner had not, however, considered stopping the plan, even though they felt they had under-utilised it.

Cancelling pet healthcare plans

We encountered only a few cases where pet owners had cancelled their pet healthcare plans. In these cases, these pet owners did not recall experiencing any challenges when cancelling their plans.

Case Study – Female, England, 31yrs, 2 cats, insured, chain vet

This pet owner had a pet care plan to begin with, then, after considering it further, decided it was not worth having both a healthcare plan and insurance because she wasn't going to the vet that often and didn't need to as they could get free advice over the phone about flea and worm treatment. After calculating the cost, she decided to cancel the monthly plan (keeping the insurance).

We just totalled up our costs. After having it for a year and then calculated how much it would cost to get the flea and worming treatment ourselves - how much it would cost to have just paid out for the vaccines ourselves. Yeah, and it was much cheaper.

So what I did after we cancelled that care plan, was to go out and buy the exact same medication that they need for flea and worming treatments – same as recommended by the vet, but it's just it's a lot cheaper and, it might take a couple days for it to arrive, but I make sure that I'm as efficient as possible and put it on a regular subscription - I try to make sure that we're on top of it.

Those who had not purchased pet healthcare plans

Speaking with those pet owners who did not have a pet healthcare plan, there was mixed recall about whether they were offered one or told about them. Many of these respondents told us they could not recall whether a plan was offered to them. This was particularly the case if they had been with the same veterinary practice for a long period of time.

The most common reasons for those who had been offered, but had not taken up a pet healthcare plan, were:

- (a) they felt they did not need it (i.e. did not need to pay for additional services they might not need or use), and
- (b) they weren't convinced it would be value for money.

Few we spoke to had conducted any further research into the cost/benefit equation, although many did ask family and friends about their experiences, receiving a variety of different stories and advice.

A minority of respondents we spoke to who had NOT taken up a pet healthcare plan, felt that the plans encouraged pet owners to visit the veterinary practice more frequently, making it harder for those with 'real' pet needs to access appointments.

Case Study – Male, London, 63yrs, 1 cat, not insured, independent vet

The pet owner has been rescuing cats for the last two decades.

He has noticed in the last few years that vets were encouraging owners to go in more regularly than ever. In the interview, he told us that he saw pet healthcare plans as a way to make money and remembers when pet owners only used to go to the vet when a pet was wounded or unwell.

People are just going to the vets a lot more than they did before. When I was young you would only take your pet to the vet when it had a wound or when it was to be put down, but now they get you coming in all the time. I just think they are making money at every opportunity...and they have ways of getting you to visit them.

3.4 Prescriptions

The research sample included a total of n=16 pet owners who had recent (past six months) experience of buying prescribed medication for their pet. We encountered a mix of ongoing medication requirements as well as one-off treatments within this respondent group and the experience of regular medication as well as more specialised medication.

Across all pet-owners who had bought prescribed medication, we found that the majority (13 out of 16) were not aware they could ask their vet practice for a prescription and then have it filled elsewhere.

Among the minority (3 out of 16) who did know this, only one learnt of the option (to ask for a prescription to be filled elsewhere) from their veterinary practice. The other two had discovered this information from friends or family members.

I was not aware that you could buy prescription (medication) online until last year when my brother told me. So now I know this I'm going to cancel my pet plan next year and get the medication online.
(England, female, 33yrs; pet dog; insured; chain vet)

I'm perfectly happy getting it from the vet for now but I will change now I know that I can get it cheaper... The first-time a (independent) vet had told me you could buy pet medication online – to be honest, it wasn't about the cost, I just didn't even know online pet pharmacies existed!
(Northern Ireland; female; 49yrs; pet cat; insured; independent vet)

Across these interviews, we discovered a lot of variation in the prescription medication experience, with some of the key differences being between:

- regular treatments (e.g. flea and worming medication),
- one-off treatments for minor ailments or injury,
- specific treatments for ongoing, non-life-threatening conditions (e.g. blood pressure medication), and
- specific treatments for ongoing, more serious or life-threatening conditions (e.g. heart medication).

Regular preventative treatments (e.g. flea and worming medication)

When discussing regular treatments, we heard a mix of where and how prescription medication was sourced and filled.

Most of these 16 pet owners obtained their prescription and regular non-prescription medication from their veterinary practice. This was particularly the case for owners with new pets who were less experienced in pet ownership as they wanted the assurance of 'starting on the right path' – i.e. wanting to follow the vet's advice and buy everything from their vet as the trusted expert.

We also found some (a minority) of pet owners who had discovered that non-prescription flea treatments could be purchased from other sources such as local pet stores and online channels, alongside worming treatments. The pet owners who had purchased from these non-prescription channels did so because they were more affordable.

We also found cases of a handful of pet owners who having tried non-prescription flea treatments had decided that these were inferior. As a result, some of these pet owners returned to their veterinary practice to get prescription flea treatment. None asked their veterinary practice for a prescription for flea treatment, so that they could go to an alternative supplier.

Consistently, across most of our prescription sample, pet owners did not consider prescription flea treatments in the same way as they did other prescription medications. This meant that even when sourced from their veterinary practice, respondents talked about the medications as being 'available from' their veterinary practice, not necessarily 'prescribed by' their veterinary practice. This was true for the majority of pet owners, if not all. This was, therefore, the key barrier to pet owners considering asking their veterinary practice for a prescription, so that they could go to an alternative supplier.

A minority of pet owners knew that the flea treatments they obtained from their vet were prescription medication. Of these only one pet owner asked for a prescription and obtained their flea treatment elsewhere. The others continued to buy prescription flea treatment from their veterinary practice. They said they did so because they had to make the trip to the vet to have their pet checked/weighed for the prescription – i.e. so it was convenient to get the medication at the same time.

Of the minority who knew prescriptions for flea treatment could be obtained and purchased elsewhere, this knowledge had been obtained through word-of-mouth, not information provided by their veterinary practice.

One-off treatments for minor ailments or injury

We spoke to pet owners who had a range of minor ailment or injury medications prescribed, including, but not limited to relief for: itching, digestion issues, minor abrasions or inflammation.

In these instances, most pet owners we spoke to had accepted the advice about treatment medication directly from their vet. This was particularly the case for first-time treatments such as the first ear infection, gastro case, eye or paw infection.

In many cases, the vet had provided advice, medication and instruction simultaneously.

This meant that the prescription and treatment were provided simultaneously, and often medication was presented, (even administered to illustrate application in one case), without discussion of alternatives or alternative ways to source the medication. The pet owners we spoke to were rarely given options for alternative medications or informed of other ways to source the medication prescribed.

Case Study – Male, Wales, 54yrs, 1 dog, insured, chain vet

The pet owner returned from holiday to find his dog poorly and itching around his ear.

The vet wasn't sure what was causing the itching, but suggested ear drops in case it was the sign of an ear infection. The vet went and found the ear drops, opened the bottle and illustrated how they should be applied before giving the respondent the bottle to pay for and take home.

“I had to take the bottle home and pay for it – it was expensive, and I wasn't convinced he needed them, but he did seem better after a while of using them, so I guess it was the right thing.”

Given time, we found that some pet owners, particularly those who had pets with reoccurring common ailments, found that these 'common' medications were available from online vet pharmacies or even regular pharmacies. They learnt this primarily through word-of-mouth. In these cases, we did find some pet owners asking their vet for a prescription, so they could go to an alternative supplier. This remains a minority of those we spoke with (3 of 16).

We found several instances of pet owners being informed by their vet of alternative ways to fill prescriptions in the case of minor ailment medications such as eye or ear drops. These alternatives included online vet pharmacies as well as regular human pharmacies.

“He (the vet) told us that we could get the eye drops there (from the practice) or we could fill the prescription online, but he then said it would be much, much cheaper for us to just get them from a regular (human) pharmacy where they could be bought over the counter (without a prescription).”

(London; Female; 46yrs; 1 dog; uninsured; independent vet)

Specific treatments for ongoing, non-life-threatening conditions

A much smaller group (5 of 16) of pet owners needed to source prescription medication for issues such as blood-pressure, arthritis, or other ongoing chronic conditions. These conditions were deemed to be more serious.

These pet owners usually sought prescription refills in combination with a 'progress check-up' at their vet practice including weight, blood pressure or other tests.

Often, without these check-ups, prescriptions could not be renewed, or pet owners believed they could not be re-prescribed. As a result, these types of medications tended to be purchased from their regular veterinary practice.

Some pet owners found the requirement to have regular check-ups to renew their prescription frustrating. This frustration was primarily driven by inconvenience, and to a lesser extent the added cost of the consultation.

Two of this small sub-group had started to fulfil their prescriptions online or via regular (human) pharmacies. These owners reported having 'discovered' this option accidentally (i.e. noting it was the same as their own prescription), or through word-of mouth.

We did hear one instance of a vet making the pet owner aware of alternative fulfilment sources.

We also heard two reports of pet owners simply not feeling comfortable about asking their vets for a prescription to fulfil elsewhere.

I found out that the drug my dog takes can be purchased online but I feel nervous about asking the vet to have the prescription and then buying online.

(England; male; 43yrs; 1 dog; insured; independent vet)

We should note that the sample for these types of medications was very small, so it is difficult to be conclusive within this qualitative research.

Specific treatments for ongoing, more serious or life-threatening conditions (e.g. heart medication)

A very small minority within our sample required prescription medication for more serious conditions such as heart medication.

For these pet owners, it was normal to see their regular vet to source the prescription and medication in one go. Both the seriousness of the condition and the required knowledge about the pet and their history meant these pet owners had a heightened sense of risk. Most did not know they could ask for a prescription and source medication independently of their vet practice. The remainder simply didn't want to.

3.5 Referrals

The research sample included a total of n=12 pet owners who had recent (past six months) experience of having been referred on to a specialist referral centre for treatment.

This included n=6 pet owners who had been referred for specialist treatment or advice and a further n=6 who had been referred for specialist surgery. Given the quota structure, approximately half had insurance at the time of the referral.

3.5.1 Reasons for referral

The main reasons for referral were consistently either for more specific expert diagnosis or treatment, or for a surgical procedure that could not be conducted at their regular veterinary practice. The former cases were when current diagnosis or treatment had proven ineffective or required expertise and/or facilities beyond those available at the pet owner's regular veterinary practice.

We discuss each separately as the experience and focus for pet owners is slightly different, mainly because the experience of surgery is reported to be more expensive and emotionally intense.

3.5.2 Referrals to a specialist centre for diagnosis or treatment

Those referred to a specialist centre generally felt positive, with some pet owners expressing 'relief', as the referral was seen as a renewed opportunity for problems to be resolved. All of the pet owners we spoke to proceeded with the referral.

Reasons for the referrals and their explanation

Our sample included a range of reasons for referrals to a specialist centre for treatment or advice that were beyond the expertise of the pet owners' local veterinary practice.

Within our sample of n=6 referrals, we heard about recent (past six months) experiences which included: ophthalmology, heart treatment, pancreatic cancer treatment and glandular problems.

The majority of pet owners being referred to a specialist centre agreed that the reason for the referral was clearly explained and they were happy with the explanation.

Options, choices and decision-making

In our sample, we encountered only one case where the pet owner was given options of specialist centres to choose from. No options were provided in the other instances. Instead, the vet practice chose the referral centre and the pet owner trusted that choice as being based on the expertise and experience of the referring vet.

In the case where referral options were presented by the veterinary practice, the pet owner immediately dismissed one option as being inconvenient (geographic distance and driving time), then asked their veterinary practice to make an appointment with either of the remaining two centres on the basis of first available appointment date and time. This was important to the pet owner as the need for specialist advice had been considered urgent by the referring vet. No consideration was given to cost in this instance, as the pet owner was able to cover costs (financially affluent), so urgency was more of a priority. As a result, she did not ask about costs in advance and none were provided.

Case Study – Female, London, 46yrs, 1 dog, uninsured, chain vet

The pet owner took her dog to her regular vet for a post-surgery check-up. The surgery had been conducted abroad as the case was deemed 'urgent' whilst on holiday outside of the UK.

Her vet was concerned the surgery had been done incorrectly and the dog was now at risk of losing an eye. She found this prognosis unexpected and distressing, particularly as she recalled it being relayed 'aggressively'.

Her vet's practice receptionist phoned to provide a choice of three specialist centres. The receptionist told X the names and locations of each centre.

X dismissed one as being too far to get to and asked the receptionist to book with one of the other two centres based on soonest available appointment time.

No information was provided on cost or on the referred centres.

In the end, she was delighted with the centre she attended, the ophthalmology specialist and the outcome (the eye was fine). Although she remembers the invoice being high (presented by receptionist at the specialist centre after the consultation), she was delighted with the service received and very happy to pay it.

In all other cases, the veterinary practice only mentioned one specialist centre for referral.

In those cases the choice of specialist referral centre was not questioned by any of the participants – it was seen as a professional recommendation. Pet owners didn't feel they had the knowledge or expertise to question it. Additionally, the sense of relief for having a new opportunity for their pet's health issues to be resolved further meant they were eager to move forward rather than question their vet's choice. The pet owners we spoke with did not consider cost in these cases.

We found no evidence of pet owners doing any research of their own into specialist referral centres or the specialist vets practicing at them. Neither did we find any evidence of referred pet owners knowing or feeling they needed to know whether there was any connection or commercial relationship between their veterinary practice and the specialist centre they were being referred to.

We did find a case where the referring veterinary practice informed the pet owner that the specialist referral centre was part of the same commercial group. The pet owner did not ask or seek this information – it was provided to them voluntarily but had no impact on their decision to proceed with the referral.

The presentation of cost information

In only one case of referral to a specialist, did we find that likely costs were discussed by the referring vet. In this instance, costs were presented as a ‘rough estimate’ in the context of explaining the referral versus other treatment options. These were shared in discussion only; not in a written form.

In the other cases, we found no evidence of costs being discussed in advance of the pet owner going to the referral centre.

Similarly, costs were generally not discussed in advance with the specialist referral centre except in cases where pet owners expressed a nervousness about price and their ability to pay.

*They were very honest with me - they said that I could keep coming back-and-forth to them, but they said it's probably best to refer him to a specialist unit ... They (the specialist) explained that it was going to cost a lot, but they said that they would be able to sort it out. So they were very honest - it cost about £5,000 to have him there. But they were right. Everything was sorted and it didn't drag on. It turns out it wasn't a virus. It was pancreatitis, taking a long time to recover. We got him professionally looked at and it all worked out so it was fine.
(England; female; 27yrs; 1 dog; not insured; chain vet)*

In all other cases, the cost of the specialist consultation and any treatment conducted at the initial consultation was revealed with the bill at the end of the consultation. In some cases, the cost of the treatment was given as a verbal estimate in advance, but none of the pet owners could accurately recall having all cost estimates (i.e. the specialist consultation time, treatment options) spelled out fully in advance of agreeing to courses of treatment.

None of the pet owners we spoke with questioned why costs weren't discussed in advance. Having faced high bills, once, however, most indicated they were likely to ask more cost-related questions should a similar situation arise again in the future.

3.5.3 Referrals to a specialist centre for surgery

Reasons for the referrals and their explanation

Our sample included a range of surgical procedures that were beyond the expertise or equipment of the pet owners' local veterinary practice. Within our sample of n=6 surgical referrals, we heard about recent (past six months) experiences involving: amputation, stomach surgery (removal of a small toy), eye surgery, dental surgery, and removal of skin lesions.

In all cases, pet owners reported the referral reasons being well explained to them by the referring vet.

All pet owners we spoke to went ahead with the referrals. Although in one case, where a series of surgeries was planned, the pet owner decided not to continue after the initial surgery because they did not want to put their pet through the trauma of the experience again.

Options, choices, and decision-making

There was just one case in which the vet practice presented different possible surgery options (i.e. a higher cost, more extreme option versus a less expensive, 'make-do' option). In all other cases, the only option given by the vet practice was a referral to a specialist centre. None of the other pet owners we spoke to could recall being provided with a choice of treatments by the specialist centre they were referred to.

In all cases, the referring vet chose and recommended one specialist centre. As discussed earlier, pet owners did not question this referral, trusting the expertise and experience of their vet.

For pet owners, the decision they made was more about whether to go ahead with the surgery, so the conversation usually focussed on the risks and probability of success versus other non-surgical treatment options.

The choice of the specialist centre was not questioned by the pet owners we spoke to, nor their affiliation with the referring vet practice. Again, we encountered one case where the referring vet informed the pet owner that the centre they were being referred to was part of the same veterinary group.

The presentation of cost information

Referral for surgery triggered heightened concerns around costs. This was true, even for the pet owners with insurance, as at the time of the referral they weren't all clear if their insurance policy would cover all of the costs, or if their future premiums would be significantly impacted.

There was only one case where the costs of different treatment options were presented by the referral centre and discussed in detail. This was a case where different surgical procedures were presented as outlined in the case study below. Despite the costs being discussed in detail, the final bill still came as a shock.

Case Study – Female, Wales, 27yrs, 1 dog, insured, chain vet

The vet took the time to run the pet owner through various surgical options which could all be performed at the same surgical centre. Each option was discussed alongside the benefits and risks, as well as a clear example of price. Cost options were provided verbally, not in writing.

The owner decided to go for the low-cost option (£4,500 vs £9,000) after weighing up the outcomes for his pet as well as the risks and experience for the dog and the costs provided.

Post surgery, the owner was given the itemized bill which included a range of additional costs which had not been expected (i.e. overnight stay, diagnostic tests, medication, etc.). The total bill for additional costs was £5,500 which the owner found a complete shock as he was not prepared for it.

In the other cases, pet owners did not recall receiving estimates in writing, or an estimate covering all the ‘extra’ costs, such as overnight ‘accommodation’, diagnostic tests or post-surgical medication, check-ups, or follow-up treatment.

For those with pets who went through the experience of surgery, the memory of the extremely high costs was still highly resonant – even when covered by their insurance. Equally, it ignited concerns for those who had insurance, that their premiums might increase in the following year. As a result, pet owners told us they would be likely to ask more questions about cost earlier if the situation arose again.

3.6 Diagnostics

We spoke with n=6 pet owners whose pet(s) had been for diagnostic treatment in the form of X-rays and/or blood tests in the past six months. Out of the 6 pet owners, half were insured, half were not.

In all cases, we heard that the purpose of the diagnostic treatment was adequately explained and well understood by the pet owners we spoke with.

In some cases, the diagnostic treatment was carried out ahead of surgery or led to further diagnostics. In these cases, pet owners were not able to recall particular diagnostic procedures in isolation. They were therefore unclear of the specific purpose of any one diagnostic e.g., blood test or X-ray in the context of the entire treatment.

5 of the 6 pet owners we spoke to told us they were not accurately advised of the estimate for their pet’s diagnostics in advance. In most cases, the referring vet would normally indicate an estimate verbally to the pet owner. This was rarely in writing and, in some cases, the estimates were lower than the final bill because of ‘extra’ costs and services that had not been covered in the estimates.

Pet owners being referred for diagnostics did not recall being presented with alternatives in terms of (a) treatments options or (b) places to get the diagnostics done. While they (the pet owners) thought there weren’t alternatives other than ‘do nothing’, some queried if the diagnostics recommended were, in some cases, a ‘nice to have’ rather than essential.

In the following case, we heard, for instance, that the pet owner felt the recommended blood tests were both unnecessary and expensive and so they did not proceed with them.

One of the dogs started to lose all her fur and, because we knew her mum was allergic to wheat, we told the vet this. And we were told we should do a blood test that would cost £500 which I think is ridiculous. I wasn't paying £500 for a blood test so I did a DNA test on her that I got from Amazon that told me about all the intolerances and we found she is allergic to an awful lot of things!

(England; Male; 56yrs; 2 dogs; insured; chain vet)

The cost of both X-rays and blood tests was considered high by those we spoke to. This was because they were often quickly completed with only a small amount of the vet's time spent on them. Pet owners did not have a strong understanding of what underpinned such high costs.

The following comments were typical of this viewpoint.

It was £150 for a few minutes work, which got me wondering about whether this was reasonable or not.

(England; female; 21yrs; 1 cat; insured; chain vet)

I think they wanted something like £130 just to run a blood test. I didn't expect it to be that much.

(Scotland; female; 42yrs; pet dog; insured; independent vet)

Pet owners reluctantly accepted the high costs as there did not seem to be alternatives and, 'doing nothing' was not an option for them when their pet was ill or in pain.

Diagnostic treatment costs were also considered high because they didn't necessarily 'solve' anything. For most pet owners we spoke with, the diagnostics just led to the next step which meant a further investment of time, cost and emotion.

These high costs particularly impacted pet owners who were uninsured and likely to face further costs.

In a few cases, we heard pet owners speak about poor 'diagnostic work'. It is important to note that this is their interpretation only. The following case study demonstrates this.

Case Study – Female, England, 35yrs, 1 dog, not insured, independent vet

Her dog got very ill suddenly. Whilst she didn't know it at the time, he had eaten half a rubber ball. She took him to the vet for emergency care during opening hours. They did a lot of diagnostic tests, but the one thing they didn't do was an X-ray. They told her to take the dog home and provided no other treatment or a treatment plan.

The pet owner called their vet again, but they were dismissive, so she (the pet owner) took the dog to an emergency vet to get the X-rays.

They were rude, dismissive, and didn't seem well informed... When they gave her the assessment and reviewed her, they'd done it without X-raying her, so they'd missed the whole problem that was causing the discomfort, so we brought her home and it just kept getting worse...

We ended up taking her in (to an emergency vet hospital) to do the X-rays and they found she'd eaten half a rubber ball!

The emergency vet then removed the rubber ball once diagnosed.

3.7 Out of Hours Services (OOH)

We spoke to n=5 pet owners in the research who had used OOH services in the past six months. Of these 5 pet owners, three were insured and two were not insured. They had a range of

reasons for needing OOH care including growing concern about their pet's deteriorating condition or a sudden and distressing situation (e.g. an accident or seizure).

Most of these pet owners had never considered OOH provision before needing to use it.

For one of the pet owners, the OOH service provided by the veterinary practice had actually influenced her choice of vet practice – she did not look into the specifics behind the practice, costs or services provided. In this case, the pet owner was sensitive to OOH provision because she had needed to use this service previously.

Case Study – Female, England, 37yrs, 1 dog (1 deceased rabbit), insured, independent vet

The pet owner had recently moved house from Hertfordshire to Essex. As an experienced pet owner, she was 'used' to being close to two major veterinary hospitals (with emergency and out of hours facilities). Although she considered herself fortunate not to have had to use them, knowing they were available provided her with peace of mind, particularly as she had recently taken on a new puppy.

She recalled that when moving, she researched her vet and carefully checked their OOH service options before choosing where to live, as peace of mind around quality of service including OOH was important to her.

Context for using out-of-hours services

When discussing their use of OOH services each of these pet owners acknowledged they felt a strong sense of urgency and concern for their pet. Getting seen quickly, was the foremost consideration. Heightened emotionality was an important part of the OOH context even for those who did not consider their situation to be an out-and-out emergency.

Being such an emotionally charged situation, pet owners who had used out-of-hours services were able to recall the emotional experience in vivid detail, but often found it difficult to accurately recall specific aspects of their decision making during this time.

Finding out-of-hours services

None of the 5 pet owners knew, until they needed it, about the specific access details for the OOH provision arrangements of their vet practice. For example, they did not know the opening times of the OOH provision or the process for contacting OOH.

Each pet owner we spoke to about their recent OOH experience reported that they found it straightforward to find out how to access OOH, using the following means: they listened to their vet practice's recorded telephone message, searched on their vet practice's website, or used an online search engine or via online maps.

The majority of pet owners (4 of 5) told us they were simply pleased to find an OOH service provider and did not consider if it was good fit for them or continue to search to find an alternative.

Case Study – Male, Northern Ireland, 50yrs, 1 dog, not insured, chain vet

The owner came back from holiday to find his Yorkshire Terrier desperately unwell after eating something odd. It was a Sunday, so he quickly looked online and found the closest OOH practice was 15 miles away, so drove there without further consideration.

The dog was given an anti-sickness injection and hydration (£750 total), with the option to stay overnight or take him home to keep hydrated. This was before having insurance. He expected it to be expensive but was still surprised at the cost, but was scared at the time, so didn't really feel there was any choice.

You'd feel terrible not taking him to the vet and something bad happening...

Choice and out-of-hours services

Most of the pet owners we spoke to chose the OOH service provider that was most convenient to them taking time, distance and travel complexity into account.

We cannot confirm how many of the 5 pet owners simply went to the nearest OOH service provider to them, (as we do not know the exact range of facilities that might have been available), but the majority indicated they used the most proximate service.

All owners would have liked a closer OOH service in these moments of heightened anxiety.

In one case, the OOH service the pet owner was directed to by his vet practice was considered inconvenient due to distance as outlined in the following case study.

Case Study – Male, England, 36yrs, 1 dog, insured, chain vet

The pet owner reported that his vet practice said, via a recorded message, for an out-of-hours service, he should go to another branch within their chain. This was unacceptable because it was over an hour away, so he found a local vet that was offering 24/7 services.

Cost of out-of-hours services

For one respondent, price was reported to be a factor when choosing their OOH provider. Whilst he had no real idea of the likely costs, he expected it to be unaffordable and this meant he did take a little time to find others online and call them to ask about costs until he found an OOH provider that offered payment plan options.

Case Study – Male, England, 31yrs, 1 cat, not insured, chain vet

The pet owner’s cat became unexpectedly ill on Christmas Day, and he called a few vets in his area that offered OOH care, but because it would require an overnight stay it was going to cost thousands of pounds. Since he couldn’t afford to pay this price estimated in his local area he took a little time to Google for OOH services to see if he could find a more affordable option

In the end, he made a decision to take the cat to an OOH practice that was much further away from where he lived, but one that offered a payment plan to enable him to spread the cost of the service and treatment. As such, it was not a lower-priced option, but an option that offered him the ability to pay in installments.

He managed to get his cat to the hospital at 1am. He said they provided a lot of information and were so great that he would take his cat back there in the future if he needed another vet trip.

Everywhere I called offered the same amount, but you had to pay up front, apart from this one place that let you split the payments.

It seemed like they were just doing everything they could to kind of make it easier for me the owner.

All of the pet owners we spoke to about OOH expected and accepted that the cost of OOH was expensive. Given the emotional nature of the situation, none questioned costs in advance of treatment and none of the pet owners we spoke to recalled estimates being provided in writing or discussed before treatment.

Case Study – Female, Wales, 43yrs, 1 cat, insured, chain vet

She said her husband took her cat to the out-of-hours service and that he felt slightly pressured to go to the out-of-hours service recommended by her vet, so they didn’t shop around.

The cat stayed overnight for observation, and they were charged £1,000. But beforehand they only had a vague idea of the cost, so when they heard this afterwards it came as a huge shock.

Across all of the pet owners we spoke to about the topic of recent OOH services, all commented that the prices were very high, and the bill still came as a shock despite them expecting it to be expensive. At the same time, all were grateful for the services provided and accepted the high costs as part of having access to a veterinary service outside of normal practice hours.

3.8 Cremation

We spoke to n= 5 pet owners about their experience of using a cremation service in the past six months which included two who chose the cremation provider and three who used the cremation services recommended or provided by their veterinary practice.

The experience of pet loss was one of the most extreme scenarios owners and their families discussed. This was particularly true for owners who made the decision to euthanise their pet while at the vet practice. In these cases, pet owners spoke about the difficulty of dealing with both (a) the issue for which they made an appointment in the first place, and (b) the decision to end the life of their pet. Both were very emotionally demanding.

Veterinary practice-led decisions

All of the pet owners we spoke with recalled making a choice about some elements of the cremation service (i.e. did they wish to keep the ashes, what type of urn, etc.). The majority did not recall being offered a choice about which cremation provider to use.

It is important to keep in mind that all pet owners we spoke to on this topic concurred that the emotionality of the experience dominated their ability to remember many of the 'transactional' details of the event.

When it came to the cost for cremation, it was a funny one. When an animal passes away it's very emotional - we didn't speak to anyone about the options. We just went with it. It's all so overwhelming at the time and they might've mentioned cost but perhaps I wasn't paying attention. I suppose the vet could've been more transparent but it's emotional and to be fair I might not have been aware of what options they presented to us at that moment in time. Even if they did all we were thinking about were the kids, and the dog passing - it was all so sad.

(Scotland; Female; 64yrs; 1recently deceased dog; not insured, chain vet)

In most cases, the pet owners told us they felt 'relieved' that their veterinary practice had taken care of the cremation arrangements. In these situations, pet owners recalled deciding to go with the cremation provider used by the veterinary practice. As a result, they undertook no research themselves into different cremation providers. They also undertook no research into the cremation provider used by the veterinary practice.

Few recalled being told details by the veterinary practice about the cremation provider, whether there was any commercial relationship between the veterinary practice and the cremation provider or being offered any choices beyond cremation service options such as what to do with the ashes or urn type.

Pet owner led decisions

We spoke to two pet owners who had chosen the cremation provider after the recent loss of a pet.

One case was a pet owner who had lost her pet rabbit at home, so the decision context was different in that she was not at the veterinary practice at the time her pet died. In this instance, the owner used internet searches to explore local cremation providers and consider what cremation services each offered, particularly mass or individual cremation as she had been through the loss of a pet previously and already knew she wanted the latter type of service.

In the process, she explored: services offered, price, customer reviews/testimonials and the websites of various providers before choosing the one that 'felt right' for her.

The main criteria of importance to her in the decision of which cremation provider to use was finding a provider that seemed 'respectful' and offered individual cremation services close to her.

Case Study – Female, England, 37 yrs, 1 dog & 1 pet rabbit (deceased), insured, independent vet

The pet owner's rabbit died at home after bringing it back from the vet. She had wanted to have the rabbit put down by the vet, but the vet talked her out of it.

As an experienced pet owner, she had cremated pets previously and knew she didn't want a mass cremation, so used Google and Google reviews to find a cremation service which would be (a) respectful, (b) individual, and (c) close in distance.

Whilst costs were considered, they were less important in her decision of the cremation service. Her regular vet was not involved in the process or decision.

I was looking to bury the rabbit in my garden and, although this sounds really graphic, I had visions of the dog digging her up or something. So, I just googled cremation and it came up with something and it was only 15 minutes down the road. They had lovely Google reviews, so I called them up and they were really good and very thorough in explaining everything. They gave me the cost upfront and all the different options.

In the other case, the pet owner who chose to conduct their own research on cremation providers and services after the vet had discussed their cremation service with her.

In this case, the dog was euthanised at the veterinary practice and, when discussing options, she recalled being astonished at the cost of the cremation service. This prompted her to do her own research into different options and she quickly learnt that some cremation services were mass, not individual cremations. Given the importance of the family's relationship with the pet, this became the pivotal decision driver (finding a provider who offered individual cremation services), followed by cost. Her research was largely based on customer reviews.

Case Study – Female, England, 50yrs, 2 dogs (1 recently deceased), insured, chain vet

The pet owner recently lost her labrador who was put down and cremated. When she started asking the vet for options about how to lay her dog to rest, she was astonished at the cost of cremations. After further research she also became aware that the ashes she would receive might not be only her dogs, as occasionally places do cremate more than one pet at the same time. Due to this information, cost became less of a concern balanced against knowing that the ashes she would receive were only for her dog.

I was completely and utterly shocked at the price of it, and then I got worried about whether I was going to get back my dog's ashes and not someone else's. I mean my dog was a big part of the family... so I looked around and went to another service and they had a five-star review. It was a package tailored to your dog and I knew I was getting my own dog back. So, I knew it was just my dog and an individual cremation.

4. TECHNICAL ANNEX

4.1 Recruitment summary

The recruitment screener used for this project was drafted in partnership with the CMA team to act as a briefing document and guide for our recruitment partners. It lays out the specific quotas we were aiming to meet so that we heard from a range of patients, including quotas for the various regions in which we wanted to recruit participants. For a full breakdown of the sample, please see page 61 of the report.

This research methodology includes a total of 64 depth interviews (45 online & 19 face-to-face):

The following quotas will be treated as 'hard quotas' across the full sample and will be prioritised first throughout the recruitment process:

- All to have used and paid for veterinary services in the past six months.
- A mix of all pet types and insurance types:
 - 30 Dogs
 - 24 Cats
 - 6 Other pets, i.e., reptiles, rodents, fish.
- A mix of pet insurance. 33 with pet insurance and 31 without pet insurance.
- A mix of pets with or without pet healthcare plans
 - Min 10 dogs with a healthcare plan and 10 without a healthcare plan.
 - Min 8 cats with a healthcare plan and 8 without.
- A mix of veterinary practices:
 - Min 25 Independent vets
 - Min 25 Corporate vets
- A min of 10 pet owners (participants) who have switched veterinary practice in the last 6 months for reasons other than moving house/geography
- A mix of services used within the past six months:
 - A min 4 pet owners who have used out of hours emergency care
 - A min 4 pet owners who have used pet cremation services
 - A min 6 pet owners who have used referral services (not including behavioural referrals)
 - A min 6 pet owners who have used diagnostic services, i.e., X-rays or blood tests)
 - A min 10 pet owners who purchase ongoing medication or have ongoing check-ups
 - A min 6 pet owners whose pet has had surgery
 - A min 3 pet owners whose pet has been neutered
 - A min 6 pet owners whose pet has had prescriptions filled

The following quotas will be treated as 'soft quotas', meaning they will be prioritised once hard quotas have been met:

- A spread of ages across the pet owner sample:

- A min 6 aged 18-24yrs
- A min 15 aged 25-49yrs
- A min 15 aged 50-69yrs
- A min 6 aged 70yrs+
- A spread of ages across pets
 - A min 15 aged under 2yrs
 - A min 15 aged 2-9yrs
 - A min 15 aged over 9yrs
- An equal split of gender across pet owners:
 - A min 20 Male
 - A min 20 Female
- A range of Country and Region represented across the sample:
 - A max 20 England-wide (excludes London)
 - A max 15 London
 - A min 5 Northern Ireland
 - A min 6 Wales
 - A min 8 Scotland
- A range of living areas represented across the sample:
 - A max 35 large city
 - A max 15 smaller city/large town
 - A max 15 Mid-sized or smaller town
 - A min 7 Village (large or small)
 - A min 5 Hamlet or rural
- A mix of owner type/experience
 - A target 15 inexperienced
 - A target 30 experienced
 - A min 20 single pet owner
 - A min 20 multiple pet owner
- A spread of household income bands:
 - A min 6 very low income (<20k)
 - A min 3 very high income (£100k plus)

4.2 Recruitment Screener

Q0. PRIVACY STATEMENT/CONSENT

INSERT AS PER SECTION 4.4; ONLY PROCEED IF CONSENT IS GIVEN

Q1. INDUSTRY

MULTIPLE RESPONSE

Do you, or any of your immediate family members work in any of the following industries?

Please select all that apply.

RANDOMISE

Market Research/Consumer Insight	01	CLOSE
Advertising, PR, Broadcast, Social or Digital Media	02	CLOSE
Petcare, Pet retail, Pet Insurance, Healthcare or Veterinary services	03	CLOSE
Financial Services, Banking or Insurance.....	04	
Construction, Building Supplies or Materials	05	
Manufacture, Distribution or Retail of Alcoholic Beverages	06	
None of the above.....	99	

Q2. GENDER

SINGLE RESPONSE

Which of the following best describe you?

Female.....	01
Male.....	02
I prefer to be described in another way.....	03
I prefer not to answer	04

RECRUIT A MIX; SEE QUOTA SHEET

Q3. AGE

NUMERIC RESPONSE

Would you mind telling us your age?

IF YES, USE BOX BELOW; IF NO, INDICATE AS 'NO'.

ALLOW PEOPLE TO NOT DISCLOSE AGE

CLOSE IF UNDER 18YRS AND MONITOR AGE GROUPS AS PER QUOTA SHEET

18-24YRS; 25-49YRS; 54-69YRS; 70YRS+

Q4a. REGION

SINGLE RESPONSE

Please tell us where you usually live?

INCLUDE ALL UK COUNTRIES & REGIONS, AIMING FOR A NATIONAL DISTRIBUTION

Q4b. REGION

SINGLE RESPONSE

And which of the following best represents where you usually live?

- Large city..... 01
- Smaller city/large town 02
- Mid-sized or smaller town..... 03
- Village (large or small) 04
- Hamlet..... 05
- Isolated/rural 06

PLEASE AIM FOR A MIX AS PER QUOTA SHEET

Q4c. INCOME

SINGLE RESPONSE

Please tell us which of the following brackets your total household income falls into (this includes all sources of income before tax).

- Less than £10,00001
- £10,001 - £14,99902
- £15,000 - £19,99903
- £20,000 - £29,99904
- £30,000 - £39,99905
- £40,000 - £49,99906
- £50,000 - £69,99907
- £70,000 - £99,99908
- £100,000 - £149,99909
- £150,000 - £199,99910
- £200,000 or more.....11
- Prefer not to say.....12

PLEASE ENSURE A RANGE AS PER QUOTA SHEET

Q5. PET OWNERSHIP

SINGLE RESPONSE

Please tell us which of the following is true for you. Please select one.

- I currently own a pet/pets01
- I have owned a pet/pets until quite recently (within the past 6 months), but don't currently own any02
- I have owned a pet before, but it was more than a year ago03
- None of the above apply04

CLOSE

CLOSE

MUST ANSWER CODES 1 OR 2 TO CONTINUE

Q6. PET RESPONSIBILITY

SINGLE RESPONSE

And who, in your home, is mainly responsible for your pet when it comes to decisions and costs relating to health, vet visits, medical decisions?

- I am solely responsible.....01
- I share responsibility with others in the home02
- Someone else is responsible for these decisions.....03 **CLOSE**

THOSE INDICATING CODE 2 ARE ELIGIBLE FOR PAIRED INTERVIEWS

Q7. MOST RECENT VET VISIT

ASK ALL; SINGLE RESPONSE

When did you last visit a veterinary practice (including routine check-up, out of hours, referral, surgery, cremation services) – i.e. any reason at all, including visits where you may not have even had to see the practicing vet, just the office/counter staff?

- Within the past month.....01
- 1-6 months ago02
- 7-12 months ago03 **CLOSE**
- More than a year ago.....04 **CLOSE**

Q8. VET TYPE

ASK ALL; MULTIPLE RESPONSE

What type of veterinary practice have you visited or used in the past 6 months?

- An independently owned, local vet practice01
- A vet practice that is part of a larger chain or veterinary services group 02
- A veterinary specialist or hospital service.....03
- A veterinary services club04
- I am not sure/don't know – I just know the vet I go to.....05

FOR ALL, RECORD THE NAME OF THE VET PRACTICE AND POSTCODE SO WE CAN LOOK UP OWNERSHIP STRUCTURE

Q9. SWITCHING

ASK ALL; SINGLE RESPONSE

Have you changed your veterinary practice in the past 12 months for any reason OTHER than you have moved home/changed where you are living or working?

Yes.....01 **CODE AS**

SWITCHER

No.....02

ENSURE WE TRY TO OBTAIN SWITCHERS AS PER INSTRUCTIONS

Q9a. SWITCHING REASONS

ASK IF CODED AS SWITCHER AT Q9

Please list all the reasons why you changed from one veterinary practice to another?

PLEASE CHECK THE REASONS RELATE TO SOMETHING OTHER THAN GEOGRAPHY – I.E. PRICE, PROFESSIONALISM, RANGE OF SERVICES, ETC.

Q10. VET VISIT REASONS

ASK ALL; MULTIPLE RESPONSE

Thinking about the past 6 months, please tell us which of the following are services you have paid for from a veterinary practice.

Indicate all that apply:

RANDOMISE

1. To buy regular treatments such as flea or worming treatments
2. To obtain or fill a prescription medication
3. For regular (e.g. annual) health check-ups/vaccinations
4. For first vaccinations (e.g. puppy or kitten vaccinations and health check)
5. For general advice or information
6. For minor injuries or health concerns
7. For major injuries or health concerns
8. For management of terminal illness/palliative care
9. For surgical operation(s)
10. To put a pet to sleep
11. For crematorium services
12. To buy pet food, including specialised dietary needs
13. To purchase pet toys, treats, bedding, grooming supplies or clothing
14. For a check-up following illness or surgery
15. For documents or certification (e.g. documents required post Brexit to travel with pets)
16. Support for pet pregnancy, fertility, breeding, birth

- 17. Out of hours or emergency vet services
- 18. Diagnostic tests such as x-rays or blood tests
- 19. Neutering
- 20. Microchipping
- 21. Referral (i.e. to a specialist service)
- 22. Dental services
- 23. Other reasons not listed here **(PLEASE ASK THE RESPONDENT TO LIST THESE)**

PRIORITISE THE LOW INCIDENCE SERVICES FIRST WHEN RECRUITING

Q10a. PRESCRIPTION FILLING

ASK ALL - MULTICODE FOR 1 AND 2

Have you bought prescription medicines of any sort for your pet in the past 6 months?

Yes, from my regular vet

- Yes, from my regular vet.....01
- Yes, from another place (i.e. online vet pharmacy or regular pharmacy) 02
- No03

RECRUIT A MIX OF 1 AND 2 AS PER MASTER QUOTA SHEET

Q11. PET TYPES – OWNED AND VISITED A VET FOR PAID TREATMENT

ASK ALL

Please tell us how many of each of the following types of pets you...

PET TYPE	OWNED WITHIN THE PAST 6 MONTHS	VISITED A VET PRACTICE FOR A PAID SERVICE OR TREATMENT IN THE PAST 6 MONTHS
Dogs		
Cats		
Rabbits, hamsters, guinea pigs		
Mice, rats		
Ferrets		
Horses	<i>NOT IN SCOPE, BUT PLEASE RECORD FOR PET COUNT PURPOSES</i>	
Birds		
Fish		
Reptiles, turtles or tortoises		
Other types of pets (please tell us what they are!)		

RECRUIT TO QUOTAS; RECRUITERS TO INFORM RESPONDENTS WITH MULTIPLE PETS THE FOCUS WILL BE ON LIKELY ONE SPECIFIC PET DEPENDING ON WHICH HAVE BEEN THE SUBJECT OF VET VISITS IN PAST 6 MONTHS.

IDENTIFY PRIORITY PET HERE FOR THE PURPOSES OF THE INTERVIEW, OR, IF MULTIPLE QUALIFY, WE CAN SELECT AT THE TIME OF THE INTERVIEW DEPENDING ON UPDATED RECRUITMENT GRID

Q12. BREEDS

FOR DOG AND CAT OWNERS AS PRIORITY PET, ASK BREED

Please tell us what breed of dog(s)/cat(s) you have or have had until recently.

RECORD TO ENSURE A GOOD MIX AS PER INSTRUCTIONS

Q13. PET AGES

ONLY ASK IF PRIORITY PETS ARE STILL OWNED (CODE 1 AT Q5)

And can you please tell us the age of each of your pets?

RECORD BY PET TYPE

Q14a. PET INSURANCE

ASK ALL - REFERENCE IS TO 'PRIORITY PET'

Do you currently have pet insurance for this pet?

Insurance policies are taken out independent of the veterinary practice (although your vet might recommend a particular company) and means you can make a claim, particularly for expensive treatments from your insurance company.

Yes.....01

No.....02

RECRUIT TO QUOTAS

PLEASE ASK RESPONDENTS WHO THEY ARE INSURED WITH AS THIS IS IMPORTANT FOR US TO CHECK IT IS INSURANCE, NOT A PET HEALTHCARE PLAN

Q14b. PET HEALTHCARE PLAN

ASK ALL - REFERENCE IS TO 'PRIORITY PET'

Have you bought a pet healthcare plan with a vet practice for this pet?

A pet healthcare plan is provided by your veterinary practice and usually is a subscription or membership service which covers your pet for regular visits and treatments when you visit your vet.

Yes.....01

No.....02

RECRUIT TO QUOTAS

PLEASE ASK RESPONDENTS WHO THEIR PET HEALTHCARE PLAN IS WITH SO WE CAN CHECK

Q15. PET OWNER TYPE

ASK ALL

We are going to show you some descriptions and would like you to tell us where you sit on the scale for each description.

As a pet owner I

Am inexperienced/new to pet ownership	1	2	3	4	5	6	Am highly experienced in pet ownership
Am always worrying if I'm doing the right thing for my pet(s)	1	2	3	4	5	6	Am relaxed/ confident in pet parenting
Am a disciplinarian – I like well-behaved pets	1	2	3	4	5	6	Am a walkover – I'm always spoiling my pet(s)
Am able to afford vet services without too much cause for concern	1	2	3	4	5	6	Am always worried about being able to afford vet services
Believe my pet(s) are the centre of my life and should come everywhere with me	1	2	3	4	5	6	Love my pets, but they don't need to come everywhere with me
Am always looking for information or advice on how to take care of my pet(s)	1	2	3	4	5	6	Am sceptical when it comes to information about how I should take care of my pet(s)

PLEASE RECRUIT A GOOD MIX OF THOSE ANSWERING LEFT VS RIGHT SIDE ON EACH DIMENSION

RECRUITER INSTRUCTIONS:

Recruiter to:

- Check willing/able to participate in online and/or F2F interview in home, including full recording for transcribing;
- Include GDPR/consent form for signing and access to privacy notice is provided
- Check pets are considered 'safe' to external persons if we are visiting them in-home;
- Ensure those having lost a pet recently are informed our interviewers are very experienced at conducting sensitive interviews, but they have the full rights to stop the interview at any time if it is too emotionally taxing;
- Availability is recorded in line with our calendar slots provided;
- Details are provided to Kubi Kalloo in GDPR-endorsed format for review and booking

4.3 Participant Information

This was pre-interview information shared with interviewees about the research being conducted, who is conducting the research, what the research will involve, and their participation rights.

Why is the research being conducted?

This research is being carried out by Kubi Kalloo Ltd on behalf of the Competition and Markets Authority (CMA). The CMA is the UK's primary competition and consumer authority and an independent, non-ministerial department. It works to promote competition for the benefit of consumers, both within and outside the UK.

On 7 September 2023, the CMA launched a review looking at consumer experiences and business practices in the provision of veterinary services for household pets in the UK.

The CMA is interested to learn about the real-life experiences of pet owners when buying treatment and services for their pets. To do this, the CMA has commissioned Kubi Kalloo Ltd and we will be carrying out interviews with pet owners to hear about their experiences and purchasing decisions.

Who is conducting the research?

This study is being commissioned by the Competition and Markets Authority.

The Competition and Markets Authority's privacy policy containing full information on how we store, process and retain data can be found here:

www.gov.uk/government/organisations/competition-and-markets-authority/about/personal-information-charter

You can also contact the CMA at: VetServicesReviewStakeholder@cma.gov.uk

Competition and Markets Authority have commissioned Kubi Kalloo an independent market research agency, to conduct the fieldwork and analysis on their behalf. Kubi Kalloo can be contacted at: privacy@kubikaloo.com, Or by post at: 17A Clerkenwell Green, London, EC1R 0DP

What will the research involve?

This research will involve in-depth face-to-face or online interviews between Kubi Kalloo and research participants. These are typically 60 mins – 90 mins long. The interviews we have with you will be recorded and transcribed, and the researcher will take notes too. This will be for analysis purposes only.

All of the information you provide through your participation in this research will be used for the purposes of this research project only. CMA will not be able to identify individual participants unless the participant agrees to an observed interview where the amount of PD shared will be minimal.

Do I need to take part?

Taking part in this research is your choice – you don't have to take part if you do not want to. You will receive a £xx thank you once you have taken part in the research.

4.4 Privacy Notice – Your Data Protection Rights

How we collect and use your personal information

Later, we will ask for your permission to be included in this research, this consent forms the legal basis for us to collect, process and analyse all data provided (as per Article 6(1)(a) of the UK General Data Protection Regulations).

Competition and Markets Authority are the data controllers for the data collected as part of this project, this means they determine what personal data is collected, how it is processed, stored and used. Competition and Markets Authority has asked Kubi Kalloo to collect and process this information on its behalf.

Personal data is data that allows a living individual to be identified, either directly or indirectly. By agreeing to participate in an interview, you consent to Kubi Kalloo Ltd using and storing (processing) the personal data we have collected from you during your recruitment to the research and any further personal data you share with us during your interview.

Collection of personal data

We are seeking your written permission for Kubi Kalloo to collect, process and retain your data, as required by the General Data Protection Regulation (GDPR). You ‘own’ your data: you have a right to access your data, or for it to be amended or deleted whilst it is held by Kubi Kalloo.

Your personal data and other information you provide through your participation in this research project will not be shared with our client, the CMA, in a way that would allow you to be individually identified. The responses you give during the interview will be reported to the CMA in aggregate (combined) with responses from other research participants. Only anonymised quotes will be used in our presentation and report to the CMA. Please note that you are also consenting to the CMA processing aggregated data from which you cannot be individually identified, in the form of our presentation and report for the CMA on the findings from the research.

Your rights and how we protect your personal data

All data subjects have certain rights, as set out by the UK General Data Protection Regulation (UK GDPR), tailored by the Data Protection Act 2018, these include the right to:

- Request a copy of any personal data we hold about you, collected as part of this study
- Ask for your personal data to be erased, for example, if we no longer need it for the purpose we collected it
- Request that we suspend the processing of your personal or special category data, for example if you want us to establish whether it is accurate or the reason for processing it
- Object to the processing of your personal data where we are processing it in the exercise of our official authority.

Should you wish to exercise any of these rights or have any other questions about this research, please contact Kubi Kalloo using the details at the top of this form.

1. Competition and Markets Authority will receive reports based on aggregated, anonymous data, from Kubi Kalloo in the form of internal and external reports,

publications and presentations. No individuals will be identifiable in any of these documents.

2. Competition and Markets Authority will receive reports based on aggregated, anonymous data, from Kubi Kalloo in the form of internal and external reports, publications and presentations.

Any data that you provide will be stored in the EEA, or a country with which an adequacy decision has been reached, such as the USA.

Kubi Kalloo will store the personal data we collect about you securely until the end of CMA's market review and any follow-up work with the veterinary sector, which is expected to be no later than January 2025. Personal information will then be securely deleted.

Your right to complain

If you are unhappy about how your personal data has been used you have the right to submit a complaint to the Information Commissioner's Office.

You can also contact the Information Commissioner's Officer via: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at: www.ico.org.uk/concerns

Consent

By signing below, I confirm that:

- *I understand the information provided in this document and on this basis, consent to take part in the research*
- *I consent to being contacted to be invited to take part in any follow-up to this specific piece of research*
- *I consent to the data I provide, including photo or video being used in a final presentation. This will be used by the research team and our research sponsor only. It will not be placed in the public domain. No names will be included in such reports.*

Name: _____

Signature: _____

Date: _____

4.5 Final Sample Breakdown

QUOTA CATEGORY	TYPE OF QUOTA	QUALIFYING CRITERIA	TARGET	ACHIEVED	QUESTION NUMBER
Pet Type (all owners must have paid for a treatment or service at a veterinary practice for this pet in the past 6 months, inclusive of cremation or similar services if the pet has died recently)	Hard quota - interlocking with insurance below	Dog	30	36	Q11 (with a mix of breeds at Q12 as much as possible)
	Hard quota - interlocking with insurance below	Cat	24	22	Q11 (with a mix of breeds at Q12 as much as possible)
	Hard quota - interlocking with insurance below	Other small domestic animal (in the home)	6	6	Q11
Insured vs Not	Hard quotas	Dog insured	15	20	Q14a
	Hard quotas	Cat insured	12	10	Q14a
	Hard quotas	Other small animal insured	3	3	Q14a
	Hard quotas	Dog uninsured	15	16	Q14a
	Hard quotas	Cat uninsured	12	12	Q14a
	Hard quotas	Other small animal uninsured	3	3	Q14a
Health Plan vs Not	Minimum quota	Bought health plan for dog	10	11	Q14b
	Minimum quota	Have not bought health plan for dog	10	23	Q14b
	Minimum quota	Bought health plan for cat	8	7	Q14b
	Minimum quota	Have not bought health plan for cat	8	17	Q14b
Independent Vets vs Groups/Corporates	Minimum quota	Independent vets	25	24	Q8
	Minimum quota	Big 6 Corporates	25	36	Q8
		Other corporates		4	Q8
Switchers	Minimum quota	Switched vets in past 6 months for reasons other than moving house/geography	10	11	Q9
Country & Region	Maximum quota	London	15	15	Q4a
	Minimum quota	Northern Ireland	5	11	Q4a
	Minimum quota	Wales	6	7	Q4a
	Minimum quota	Scotland	8	13	Q4a
	Maximum quota	England wide (excludes London)	20	18	Q4a
Living Area	Maximum quota	Large city	35	31	Q4b
	Maximum quota	Smaller city/large town	15	8	Q4b
	Maximum quota	Mid-sized or smaller town	15	14	Q4b
	Minimum quota	Village (large or small)	7	9	Q4b
	Minimum quota	Hamlet or rural	5	2	Q4b
Services of Interest (paid for the following services within the past 6 months)	Minimum quotas	Out of hours emergency	4	5	Code 17 at Q10
	Minimum quotas	Pet cremation services	4	5	Code 11 at Q10
	Minimum quotas	Referral services	6	6	Code 21 at Q10
	Minimum quotas	Diagnostic services (e.g. Xrays or blood tes	6	6	Code 18 at Q10
	Minimum quotas	Ongoing medication or check-ups	10	39	Codes 1 or 3 at Q10
	Minimum quotas	Surgery	6	6	Codes 9 or Q14 at Q10
	Minimum quotas	Neutering	3	5	Code 19 at Q10
	Minimum quotas	Pharmaceutical (i.e. prescriptions filled)	6	16	Code 2 at Q10 and mix of codes 1 and 2 at Q10a
Pet Age	Minimum quota	Under 2 years	15	12	Q13
	Minimum quota	2-9yrs	15	36	Q13
	Minimum quota	Over 9yrs	15	16	Q13
Age of Pet Owner	Minimum quota	18-24yrs	6	4	Q3
	Minimum quota	25-49yrs	15	32	Q3
	Minimum quota	50-69yrs	15	25	Q3
	Minimum quota	70yrs+	6	3	Q3
Owner Type	Target quota (soft, let'	Inexperienced	15	17	Codes 1, 2 or 3 at Q15
	Target quota (soft, let'	Experienced	30	47	Codes 4, 5 or 6 at Q15
	Minimum quota	Single Pet Owner	20	38	Q11
	Minimum quota	Multiple Pet Owner	20	26	Q11
Gender	Minimum quota	Male	20	21	Q2
	Minimum quota	Female	20	43	Q2
Income	Minimum quota	Very low income (<20k)	6	6	Codes 1,2,3 at Q4c
	Minimum quota	Very high income (£100k plus)	3	6	Codes 9, 10, 11 at Q4c
	Mixed distribution - no	Medium income	NA	NA	Mix of codes 4-8 at Q4c

4.6 Discussion Guide (General)

DISCUSSION GUIDE & STIMULUS

Note, probes or areas to cover generally are covered in the bullet points, but may not be required for all respondents, depending on their responses and circumstances.

Moderator notes are indicated in [blue throughout](#).

Throughout it is important to be aware of key characteristics from the screener and master quota sheet so we should know, in advance, **the priority pet** (one which the interview is about), whether their vet is **independent or part of a larger chain**, whether they have **insurance or not**, if they have **bought a healthcare plan or not** and what **vet services** (Q10 from screener) they have **paid in the past 6 months**.

PRIVACY, CONFIDENTIALITY, RESEARCH ETHICS

[All moderators to cover off the MRS code of ethics and reassure individuals of their privacy rights, including the right to withdraw consent at any time. All data \(recordings\) will remain anonymous and their privacy will remain confidential at all times.](#)

[All to have signed the consent form in advance of the research. Please inform them that we are recording and that the information they provide might be used by our client at some point \(as per consent form\).](#)

TOPIC INTRODUCTION

We are speaking to a wide range of different pet owners across the UK to review their perceptions, experiences and choices when it comes to veterinary services.

ABOUT YOU AND YOUR PETS (5mins)

Can I start by asking you to provide a quick profile about yourself, what you do and your life at home, particularly as a pet owner.

- Do you have a full or part time job and/or any carer responsibilities?
- Tell me about your pets
 - How many pets do you have and what are their names?
 - What breed are they?
 - How old are each of them?
 - Have you had them since they were born?
- Is this the first time you've been a pet owner, or have you had pets before?
- How would you describe yourself as a pet owner?
- Thinking about your pet's veterinary care, are you responsible for this or is responsibility shared with others?
 - [Try to understand whether they feel the cost of financing pets and their pets' lifestyle is a pressure point for them, as this might impact their choice of services later](#)
- [Confirm which pet this particular study will focus on \(from the recruitment sheet\)](#)

PET OWNER JOURNEY MAP (10mins)

In order to get a better idea about [INSERT PET'S NAME FROM HERE FORWARD] I'd like to quickly go through your experiences, particularly with vet practices or other veterinary related services starting from when you first met them, through to the current day.

If they have more than one pet, please ensure they know this section is about the priority pet – continue to remind if needed.

Moderators to populate a map (example below) to highlight the key phases and interactions with vet practices as relevant. The idea is to gain a helicopter view of their overall relationship with veterinary practices before drilling down into specific areas.

First meeting between pet owner & pet	First vet practice visit for this pet	Any early years vet visits	Staying healthy & happy	Older years	Passing on
Where, when, how did this take place?	How did you select the vet practice? Do you still use the same vet practice today? If not, why not? If yes, why so?	What types of vet visits took place during these early years? (e.g. neutering, microchipping, discussion/take-up of pet healthcare plans, discussion / advice on insurance, advice on behavioural issues, etc.) <i>Note, don't get distracted by behavioural issues if they aren't relevant to paid vet services</i>	Tell me about routine preventative treatments and services e.g. annual boosters/check ups or ongoing prescription or medication needs? Any significant health issues, accidents, emergencies, illness requiring e.g. diagnostic tests (x-rays/blood tests)/, surgery or referral to a specialist centre?	How has your pet's needs changed as they have become older?	Loss of a pet – what happened and where did you seek support, advice, services <i>Ensure sensitivity and ask about cremation services if relevant</i>

NOTE TO MODERATORS, PLEASE USE THE VET SERVICES CARDS TO CROSS-CHECK ALL SERVICES USED RECENTLY IF THEY DON'T COME UP NATURALLY – PARTICULARLY THE PRIORITY AREAS/SERVICES.

VETERINARY PRACTICES – MAIN & USED RECENTLY (5 mins)

- Which vet practice do you go to for [PET]?
- How did you choose this vet?

Probes:

Was it a vet that you've always used for many years?

Did you go to a vet that was nearest to you?

Was this vet recommended to you by a friend or colleague?

Was price part of your decision?

Did you do any comparing between vet practices before choosing this practice?

And how easy or difficult was this decision-making process for you?

- Did you look into price when it came to choosing a vet? Probe as much as we can if they do; if they don't probe why not
- Would you expect costs to vary a lot if you moved to a different vet? Why/why not?
- Are there times you have or might go to a different vet practice for [PET]? Tell me about that?
 - Note, if they mention multiple vets for [PET], ask why they go to different ones – is it for particular treatments/services?
 - Is switching for an advertised special offer or a second opinion something they have done? If an offer – what was that ?
 - If they have multiple vets for [PET], ask if they disclose this to their main vet or keep this private (and why/why not)

Let's talk now, about your MAIN vet...(only use this introduction if they have spoken about more than one vet practice)

- Were you aware that there have been a lot of mergers and acquisitions in the veterinary practices sector?
 - Leave open and encourage their instinctive thoughts and perspectives on this
- And do you know whether this is an independent vet or one that is part of a larger chain? If it is part of larger chain, do you know the name of the chain?
 - Note, we will have checked this in advance, but it is important we get the perception of the respondent, so don't correct them if they have this information incorrect.
- Is it important to you that the vet is independently owned, or part of a larger chain? Why is or isn't this important to you?
- If they have said they know that it is an independent vet or part of a chain ask – you have said the vet practice is independent/part of a larger chain, how do you know this?
- Is it important that you know this information about business ownership of the practice?
- If your independent vet practice was taken over by a large vet practice chain, or you found out that it had been taken over by a large vet practice chain, would you switch to another vet practice that was independent or would you wait and see what the vet practice was like after being taken over?
 - What would influence you most when deciding whether to stay or switch? What else would influence you? Anything else?
- Have you changed vet practices in the past 6 months at all for reasons other than moving home or convenience? (if yes, qualify as Switcher, even if not noted in recruitment screening)

SWITCHERS (5mins)

Note, Switchers will be flagged in recruitment and/or identified above.

- Tell me why you changed your choice of vet practice?
 - What is better about the new practice?
 - What – if anything - do you miss about the previous practice?
 - How much research did you do in making the choice to switch?
 - What information were you looking for?
 - Did you find it and if so, where did you get your information from?
 - Were you happy with the amount and depth of information available to you? If not, what was missing or hard to find?
 - Were there any difficulties in switching (for example transferring pet medical records, annual healthcare plan not transferring over to the new vet practice)

OVERALL EXPERIENCE AND PERCEPTIONS (10mins)

- How would you sum up your overall experience with using your veterinary practice? Think about ALL elements of the practice including receptionists, nursing or counter staff as well as the vet or vets themselves.
- On balance would you say that it's been a very positive constructive experience, basically adequate or there have been significant frustrations /disappointments and a failure to meet your expectations?
- Taking everything into consideration on balance, would you say that you have full trust and confidence in your veterinary practice and see them as...

Check why say that after each prompt? (especially if their response is negative)

- Professional and knowledgeable
- Empathetic and able to put your full interests first, whether this be your relationship with your pet, your financial interests or something else
- Do you feel they are trustworthy?
- Do you feel they provide transparent and full information so you are always well-informed about the treatment being recommended for your pet ?
- Do you find that you are given options so that you can make appropriate decisions about treatment for your pet?
- And when it comes to your experience with vet services, do you generally accept what your vet practice advises you or are you the type of person who goes away and does a lot of your own research before making decisions on things like insurance, pet plans, medications, surgeries or treatments...?
- Are you generally quite confident in speaking up if you feel you are not getting the information or service you require? Or do you just go along with it to make things easy for everyone?
- **Ask only if time permits:** Have there been any memorable positive experiences of going to the vet?
- **Ask only if time permits:** And any particularly disappointing experiences?

- And, what would you say are the most important factors that you are looking for when deciding which veterinary practice to use?
 - Is this essentially about a level of professional competence and experience?
 - Is it about their customer service, and understanding you and your pet's situation?
 - Is it about value for money? *(If this is an issue probe if there are concerns around overcharging and how this affects the customer's decision to choose and the experience of using the vet?)* Is this about whether the veterinary practice is independent or part of a chain? *(If this is an issue specifically probe around exactly how this affects the customer's decision to choose and the experience of using the vet?)*
- And what is your overall view on the cost of veterinary practice services?
 - Are costs transparent to you as a customer? Why do you say that?
 - Have you been given different treatment options and costs?
 - Are you well informed of costs or cost options in advance? Why do you say that?
 - Do you feel you are given reasonable access to affordable options?
 - How well equipped do you feel to make treatment or care decisions that involve trading off cost? Do you feel well informed? Are the options well explained to enable you to make these decisions?
 - Do you generally feel you are or are not getting value for money?
 - Specifically when would you like to have more information so that you would feel you were more in control of what is happening and making an informed decisions?
 - NOTE, if the respondent indicates vets are 'expensive', please probe as much as possible to understand what makes them say this: (expensive relative to what? HOW expensive is too expensive? Etc)
- How does having a pet/pets impact your household budget? Have you done anything to reduce the costs of keeping your pet? Probe: e.g. cancelling pet insurance, cheaper pet food?
- Have you ever felt the cost of keeping your pet healthy, including veterinary care when needed, has meant you have had to make sacrifices in other parts of your life? Please tell me about this?

EXPERIENCE OF INSURANCE (5mins)

I'm particularly interested to know if you have taken pet insurance to help manage the cost of treating your pet if they become sick or injured. If so have you found it does help you manage unexpected costs ?

- What options did you look into when deciding on insurance?
- Where did you seek advice or opinions from? What did you learn? What did you consider in making your decision of whether to take up pet insurance ?
- Was your vet involved at any stage in this process?
- If yes: can you recall what information or advice they gave you?
- And how do you feel about pet insurance generally? And are you happy with the decision you made about insurance? Why/Why not?
- Have you considered changing, updating or cancelling your pet insurance in the last 6 months?

BUYING A PET HEALTHCARE PLAN FROM YOUR VETERINARY PRACTICE (5 mins)

And now a few questions about your experience of buying a pet healthcare plan.

- Why did you buy a pet healthcare plan?
- Tell me about the process of buying it?
 - How did you find out about it?
 - When was this (how long ago)?
 - Do you feel you had the appropriate level of information provided to you in making the decision to buy a pet healthcare plan? If not, what was missing?
 - Are you clear what is included and excluded in your plan? Has this been well explained to you?
 - How was the plan and its benefits presented to you?
 - How would you rate your pet healthcare plan when it comes to value for money? How do you evaluate this?
 - What does your healthcare plan cover?
 - Do you use all of the services on offer?
 - Is the experience of having it as you expected, or better/worse than you expected?
 - Have you ever tried to cancel your pet healthcare plan? If so, tell me what factors and considerations came into play and your experience of doing so.
- For those who did not buy a pet healthcare plan – Have you considered buying a pet healthcare plan from your vet practice?
 - If no, why not?
 - If yes, why did you consider doing so?
 - What factors did you weigh up?
 - Why did you decide not to buy one?

PRIORITY EXPERIENCES:

Prescriptions

Referrals for specialist treatment

Diagnostic work such as blood tests / x-rays

Out of Hours

Crematorium (10mins)

SEPARATE GUIDE BELOW

CARING FOR YOUR PET INTO THE FUTURE (3 mins)

To draw to a close, can I ask a few questions about factors that might change the way you go about looking after your pet in the future and providing appropriate veterinary care.

- Are there any changing circumstances that you might face that would mean you have to rethink how you look after your pet?
- If you had a magic wand and could change your vet practice in any way, what would you say were the 3 key things you'd like to change, know more about or improve?

SUMMING UP (3 mins)

Thanks for taking part in this interview.

I'd like to end by just briefly summing up my understanding of your overall views and see whether there are any other further points or observations you would like to make.

Note: to interview team – Ask any follow-up questions and probes necessary.

- Thank you very much for sharing your thoughts today on this important topic.
- Do you have any further questions for us?
- If you think of anything, please don't hesitate to come back to us – you can contact the person who helped set up the interview today, or send an email to ellie@kubikaloo.com.

4.7 Priority Areas – Discussion Addendum

I would like to go back to talking about a couple of specific experiences you mentioned you had paid for in the past 6 months (use screening and sorting tool from earlier to ensure we get coverage of many specific services):

I'd like to ask you about [INSERT PRIORITY EXPERIENCE]. Please take a few minutes to recall as much about this experience as you can – you can write down notes or just think about it for a couple of minutes before I ask you questions. We understand that recall of some of these experiences might be distressing for you, so please take your time and let us know if you would prefer to stop the interview at any point.

PRIORITY AREAS (10Mins)

1. PRESCRIPTIONS

We understand your pet has needed, or been prescribed medication or flea treatment.

- What was the prescription for? Was it a one-off, or a repeat prescription or ongoing medication? i.e. had you had this medication or treatment previously?
- Do you know if you pay a fee to get the prescription? If so, how much do you pay? Do you think this is the same fee across all veterinary practices?
- Did you ask your vet practice for a prescription, so that you could get the medication elsewhere from e.g. an online animal pharmacy or a regular pharmacy?
 - If so why?
 - If not, why not?
- If relevant, how did you know that you could ask for a prescription?
- Where did you get the medication from? Why did you choose this alternative? What factors did you consider in making this decision?
- Is this the same place you always get your pet medication from? Probe to see if they have sourced prescription medications from different places and what drives this decision (or if they are even aware there are different places to buy meds from)
- How long was the prescription for? For instance, if it was for an ongoing condition, did you have to go back for multiple prescriptions?
- Is your vet generally willing to provide repeat prescriptions if needed?
- Did you feel you were fully informed to make the best decision on how/where to access medication from for your pet?
- And just to sum up, would you say, when it comes to buying prescription medication or treatment, you had....
 - Reasonable access to the treatment or services you and your pet needed?
 - Enough options to make a meaningful choice?
 - Sufficient and accurate information to make an informed choice?
 - A full understanding of the costs and benefits of each option?
 - Sufficient and accurate information to make an informed choice?

A full understanding of the costs and benefits of each option?

2. REFERRALS

You said your veterinary practice referred you to a specialist centre for treatment.

- What was wrong with your pet? Why was it necessary to have a referral?
- If they were insured: Was this treatment covered by your insurance policy?

- Did the vet practice explain why the referral was needed?
 - What -if any - alternative treatment options were you offered?
- Did the vet practice choose who to make the referral to, or did they provide you with referral options to choose from?
- If the vet practice made the referral, did they explain their choice of who to make the referral to?
- Were you provided with any information that would help you make a choice, such as information about their areas of particular areas of expertise, costs, reputational excellence, facilities or anything else?
- Were you aware whether the person or organisation you were referred to is/was connected in some way to your vet practice?
- Did you do any research into the referral provider before or after being referred?
- Did you proceed with that referral and have treatment there?
 - If not, why not? What did you do instead?
 - Do you recall whether information about the cost was provided? Just take a moment to recall if you were presented with cost estimates by your vet, as this information is important to us, but easy to forget if the costs weren't significant.
 - And can you recall WHEN this information about cost was provided to you – for example, in advance, or after the treatment?
 - And can you recall how was this information provided – for example verbally or in writing?
 - Who provided this information?
 - Ask if cost information was provided in advance:
 - Were you provided with an estimate or a fixed price? If fixed, how did you know it was fixed?
 - When presented with the final bill was it the same as the estimate or the fixed price you had been given?
 - If not, was it more or less? And can you remember what the difference was?
 - If costs were not provided in advance, how did you feel about not knowing the cost in advance?
 - If did not proceed with the referral: How much did cost play in your decision not to proceed with the referral?
- With the benefit of hindsight, would you do anything different about referral treatment for your pet?
- What factors would be important for you in choosing a referral provider in the future?
- And just to sum up, would you say, when it comes to referrals for your pet, you had...
 - Reasonable access to the treatment or services you and your pet needed?
 - Enough options to make a meaningful choice?
 - Sufficient and accurate information to make an informed choice?
 - A full understanding of the costs and benefits of each option?
 - Sufficient and accurate information to make an informed choice?
 - A full understanding of the costs and benefits of each option?

3. DIAGNOSTICS (e.g. blood tests, x-rays, etc)

You said that your veterinary practice carried out diagnostic treatment (e.g. blood tests/x-rays)

- Did the vet practice explain what this treatment was for?
- Did the vet practice say why this treatment were needed (e.g. essential, nice to have)

- Did you feel you fully understood the need and what it involved for your pet?
- When was information about the cost provided – for example in advance or after the diagnostic work?
- How was information provided (e.g. verbal, in writing)
- Who provided this information?
- Were you provided an estimate or a fixed price? How did you know it was fixed?
- If relevant, how did you feel about not knowing the cost in advance?
- How much of a role did knowing or not knowing the cost of diagnostics impact your decision to have the diagnostic tests carried out?
- Did you go ahead with the treatments/tests? Were you happy about this decision?
- Did you feel you were fully informed and equipped to make the right decision for your pet?
- With the benefit of hindsight, would you do anything different before agreeing to have diagnostic treatment for your pet?
- And just to sum up, would you say, when it comes to diagnostic services, you had....
 - Reasonable access to the treatment or services you and your pet needed?
 - Enough options to make a meaningful choice?
 - Sufficient and accurate information to make an informed choice?
 - A full understanding of the costs and benefits of each option?
 - Sufficient and accurate information to make an informed choice?
 - A full understanding of the costs and benefits of each option?

4. OUT OF HOURS SERVICES

You said that you have used OOH vet care or services.

- Why did you need to use out of hours care?
- Where did you go for the OOH care?
- How did you make a decision about where to go for OOH care? Was information easy to find?
- Did you do any research into OOH providers? What type of research did you do, and what information, specifically were you looking for? Did you find that information easily?
- Do you consider that you had options on where to go to OOH care?
- Did you call ahead of visiting, or take your pet directly there?
- If they did call, ask about what was covered in the conversation and what advice they were given
- On costs:
 - When did you know what the costs of the OOH care would be? Was this mentioned to you when you contacted OOH services? What did they tell you?
 - What do you think is the difference in the costs between OOH and standard care?
- How would you describe your overall experience of OOH care?
- Did you feel anything was missing in terms of helping you make an informed decision as to whether the service was right for your pet?
- With the benefit of hindsight, would you do anything different about accessing OOH care?
- What factors would be important for you in choosing a OOH in the future?
- And just to sum up, would you say, when it comes to out of hours vet services, you had....
 - Reasonable access to the treatment or services you and your pet needed?
 - Enough options to make a meaningful choice?
 - Sufficient and accurate information to make an informed choice?

- A full understanding of the costs and benefits of each option?
- Sufficient and accurate information to make an informed choice?

A full understanding of the costs and benefits of each option?

5. CREMATION SERVICES

You have said that you have lost a pet and used crematorium services. We are so sorry for your loss and appreciate how distressing this time is for pet owners. Please take as much time as you need as we talk through some of the questions about this experience.

- Can you remember what crematorium service you used? [Moderator to record in as much detail as possible.](#)
- Did you do any research into the crematorium provider / were you provided with information about their services?
- Can you remember what you were told or what information you remember reading/seeking? What information was important to you? Was it available?
- How did you make a decision about which crematorium to use?
- (note, this is different from choice of services within the crematorium)
- When did you make a decision about which crematorium and crematorium services to use?
- Do you consider that you had a choice of crematorium and crematorium services to choose from?
- Were you told what the cost of services would be?
- Who provided this information and how was it provided?
- How would you describe your overall experience of crematorium services?
- Did you feel you had the right information and options to make a choice in this situation? If not, what would you have changed?
- What factors would be important for you in choosing a crematorium service in the future?
- And just to sum up, would you say, when it comes to crematorium services, you had....
 - Reasonable access to the treatment or services you and your pet needed?
 - Enough options to make a meaningful choice?
 - Sufficient and accurate information to make an informed choice?
 - A full understanding of the costs and benefits of each option?
 - Sufficient and accurate information to make an informed choice?

A full understanding of the costs and benefits of each option?

4.8 Vet Project – Cognitive Testing Process

STAGE ONE: THE INTERVIEW

We will begin by conducting the interview using the guideline as if were a ‘normal’ interview.

We will complete a mix of online and face-to-face cognitive tests.

Throughout each interview the interviewer - in addition to asking the guideline questions, probing, and noting answers - will also make a separate note of the following possible behaviours, responses and actions:

- body language
- facial expressions
- eye-movement

- any restlessness / frustration
- any lapses in concentration
- the participant asking for clarification of questions asked during the interview
- attempts to change the subject or avoid the topic, not wanting to go into depth on a topic
- any language clues i.e. hesitating before beginning to answer a question, then starting again
- speed – any time lapse in responding to questions
- the overall sense of participant uncomfortableness/ levels of stress revealed during the interview
- your judgement on whether you felt the interview was doing justice to what the respondent was trying to tell you about their attitudes towards the topics under investigation.

STAGE TWO: OVERALL ASSESSMENT

The above observations/ investigative techniques will provide the evidence for making an initial overall assessment of how well the interview process /guideline is working on the following criteria:

- **Relevance and saliency** to the participant’s situation: do the questions relate to pet owner’s world?
- **Ease of comprehension and understanding:** were the questions / probes being asked ones that were easily understood - or did they prompt the need for clarification and further explanation?
- The questioning was seen as **balanced and free from any bias:** Was there any sense that there was an agenda at work/people feeling they were being pushed in a particular direction?
- **Provided every opportunity for the participant to express themselves:** did the guideline allow participants to say what they really wanted to say/express - or was there any suggestion of the participants feeling that they had to give certain answers and were not able to fully express a point of view?
- **Comprehensiveness:** did the guideline and stimulus material provide a comprehensive assessment of participants’ overall knowledge on the topic, or were there issues that weren’t covered or missing?
- **Fundamental methodological validity:** were the concepts and issues being explored adequately researched from a methodological standpoint i.e. did the line of questioning we were pursuing adequately capture attitudes and behaviour in relation to fundamental concepts. e.g. We are attempting to understand the notion of having *confidence and trust* in vets – did we achieve this?

STAGE THREE: DEEP DIVE ON SPECIFIC WORDS AND TERMS USED IN THE GUIDELINE IN ASKING QUESTIONS (PROBING)

Working with the guideline and your observations from Stage One were there any indications from the different assessments of a participant’s failure to fully understand, keywords and phrases i.e. return to specific words where you sensed there may not have been an immediate understanding of what we were trying to explore. For example, was everyone clear on what we mean by a veterinary practice or surgery?

And, is there clarity around what we mean by pet insurance or a veterinary care plan?

In addition, explore words that may be outside of some people's vocabulary, such as *wellbeing* or *optimum*. Also check out understanding of concepts such as value for money and informed choice.

Throughout identify ways in which words and phrases could be improved, clarified or enhanced.

STAGE FOUR: DEEP DIVE INTO THE RANGE OF ANSWERS GIVEN TO QUESTIONS AND PROBES

Now based on your observations from Stages One and Two, look at the answers given to different questions. Do this by summarising (from your notes) what in essence the participant was attempting to say - play this back to the participant and get clarification that this was exactly what they meant to say.

If not, note what improvements need to be made, so that we can fully capture, precisely what participants were trying to convey.

STAGE FIVE: THE INTERVIEW PROCESS

We welcome observations on how the overall process of screening participants, explaining the purpose of the research, setting up the interview up appointments, making the arrangements for audio and/or video recording of the interview, explaining GDPR protocols and providing reassurance on how the feedback will be used, introducing clients who may be observing, and other logistical factors have worked.

- Is there any suggestion that any aspect of the process is interfering with participants' willingness to be honest and candid?
- How can any of these features could be improved to make the process a more user-friendly and rewarding experience for participants?
- This should also include recording the times taken for the interview to see whether this falls within the interview length as explained to the participant, and also record any other issues around the pace at which the interview was conducted.
- Did we cover the different topics in a way that the participant didn't feel rushed, whilst not overrunning on time?

STAGE SIX: OVERALL RECAP ON HOW THE INTERVIEW WENT

Drawing the evidence together, what do you feel the participant would have liked to see changed or adapted in the way the interviewer approached the task/ the guideline was structured and the how the interview unfolded.