

CMA veterinary services for household pets market investigation

Linnaeus response to the CMA's Provisional decision report, dated 15 October 2025

14 November 2025

1. Introduction and executive summary

- 1.1 Linnaeus welcomes the opportunity to comment on the CMA's Provisional Decision Report (**PDR**).
- 1.2 Linnaeus is supportive of many of the measures to improve transparency and regulatory reform in the industry that the CMA is proposing in the PDR. Linnaeus believes that this market investigation has the potential to have the overall positive effect of acting as the catalyst for adoption of a consistent approach to levels of information made available to pet owners and for an overhaul of a regulatory system that has not kept pace with the profession and is now significantly out of date. Linnaeus looks forward to working constructively with the CMA to implement measures which bring beneficial levels of transparency for clients.
- 1.3 Linnaeus nevertheless considers that several key parts of the CMA's analysis used to reach its provisional conclusion of the existence of an adverse effect on competition (**AEC**) are not supported by evidence that justifies any such finding for the sector as a whole or for Linnaeus in particular. As presented by the CMA itself in the PDR, this evidence applies at most to a subset of LVGs – which does not include Linnaeus – rather being indicative of negative market-wide outcomes.
- 1.4 In particular, the PDR refers to several evidentiary sources in support of its provisional AEC finding, which include: data on average price rises across the industry and prices charged by LVGs; analysis of acquisition effects, and low customer satisfaction scores for the cost of veterinary services (based on the CMA's pet owner survey).¹ While the PDR also refers to a number of other evidentiary points, it is clear that a great deal of weight is placed by the CMA on this (a) analysis of acquisition effects and profitability levels, and (b) pet owner survey.² Neither of these two sources is sufficiently robust to serve as the cornerstone for an AEC finding that applies to the sector as a whole or to Linnaeus.
- 1.5 First, in connection with the CMA's pricing and profitability analysis:
 - (a) Linnaeus agrees with – and is unsurprised by – the CMA's provisional findings that (i) there is no evidence that average prices increased faster

¹ PDR Part A, paragraph 16.31.

² See also PDR Part A, paragraph 16.16, which notes that: "*The evidence of detriment that we identify, including our analysis of acquisition effects by certain LVGs and the level of profitability in the sector, is consistent with our provisional AEC finding. It is part of a set of evidence, comprising a number of elements, that supports our provisional judgement that there is an AEC owing to the features we have described.*"

at practices following their acquisition by Linnaeus³ and (ii) Linnaeus' profits have **[Redated – Confidential]** not exceeded a reasonable level over the past five years.⁴ Given the focus of its provisional findings on these factors, the CMA should be clear when drawing conclusions from its analysis that this does not amount to evidence of negative market outcomes related to Linnaeus, nor to any other veterinary businesses beyond the LVGs that are actually covered by the CMA's findings.

- (b) Linnaeus is disappointed by the fact that the CMA has nonetheless sought to justify many of its proposed industry-wide remedies (the **Proposed Remedies**) by reference to its analysis on profitability and the impact of corporate acquisitions. Even before considering any potential challenges to the CMA's analysis and its conclusions, it follows that the CMA's price rise and profitability analysis does not support a finding of an AEC that relates to Linnaeus (or many others). Linnaeus and potentially many other veterinary businesses (of any size or ownership) are not making excessive profits.
- (c) The cost of implementing the extensive Proposed Remedies, as well as any loss of medicines revenues as a result of the CMA's proposals regarding written prescriptions and mandating further free advertising for online pharmacies (several of which are owned by LVG competitors), will place further strain on business models, including Linnaeus, that already have to cope with significant cost inflation. **[Redated – Confidential]**.

1.6 Second, in relation to the CMA's pet owner survey, Linnaeus refers to previous submissions in which it described fundamental concerns relating to the survey design, including: (a) the length of the survey, which runs the risk of biasing the responses to only those who hold sufficiently strong views; and (b) the use of an online medium, which (when coupled with the length of the survey) introduces the risk of fatigue (and flicking from one question to the other as quickly as possible).⁵ Despite these significant flaws, the PDR relies predominantly on this survey to reach key conclusions in relation to customer satisfaction for the cost of veterinary services and the provision of information to customers on treatment options and prices.

1.7 However, the survey (even with the fundamental design flaws highlighted above) presents a mixed picture and does not support the conclusions drawn by the CMA.⁶ For example, the survey reveals: (a) high satisfaction (over 78%) amongst LVG customers with the services they received during their last visit;⁷ (b) high satisfaction amongst LVG customers with the information of the

³ PDR Part A, footnote 245 and paragraph 7.33 (also PDR Appendix B, paragraph 1.13).

⁴ PDR Part A, Table 7.1 and paragraphs 7.55 and 7.64 (also PDR Appendix C, paragraphs 7-8).

⁵ See Linnaeus' comments on the CMA's draft Consumer Survey, dated 23 September 2024.

⁶ PDR Part A, paragraph 16.31 and 16.32.

⁷ See Pet owners survey, Q55b. Over 78% of LVG customers said they were satisfied with the information and/or advice received, the care given to the pet, the quality of service and the outcome of their last FOP visit.

treatment options presented to them by their vet (over 82%);⁸ and (c) a high level of awareness of online pharmacy options.⁹ Whilst satisfaction with cost of service is lower at 53% for LVGs, a more relevant question would have been to ask whether customers were satisfied with the value for money they received, which is not explored in the survey.¹⁰ Taken together, the findings of the survey are consistent with a well-functioning market.

- 1.8 Linnaeus notes that any AEC finding which is based in great part on two sources of evidence which either (a) relate solely to a subset of LVGs (not including Linnaeus) and / or (b) give rise to significant methodological challenges cannot be considered robust.
- 1.9 Whilst there are several other points of substance that Linnaeus disagrees with in the PDR, this response is restricted to a few overarching observations on the PDR and does not seek to repeat in detail points made in previous submissions. These observations are set out in **Part A** of this response. The focus is instead on highlighting the main challenges associated with certain aspects of the Proposed Remedies.
- 1.10 Regardless of the substantive merits of the CMA's provisional AEC finding, Linnaeus has always been supportive of increased transparency measures on pricing and practice ownership (as set out in the previous proposals made prior to commencement of the market investigation). It has already rolled out public price lists across the significant majority of practices in its group. Further, the CMA's proposals for regulatory reform are welcome. However, Linnaeus remains concerned about the feasibility of practices implementing some of the Proposed Remedies, and the unintended consequences to which some Proposed Remedies may lead.
- 1.11 Linnaeus' detailed comments on each of the Proposed Remedies are set out in **Part B** of this response.
- 1.12 Four key concerns that merit particular focus are as follows:
 - (a) First, the timeframes indicated for the implementation of certain Proposed Remedies are not feasible (and in most cases there is no reason why practices owned by LVGs would be able to implement the changes in a shorter time than independent FOPs and smaller groups).
 - (b) Second, the CMA's proposed price list for publication, while more manageable than the proposals set out in the CMA's prior working paper, remains very extensive. This will create significant work for veterinary practices, but more critically includes a material proportion of more complex treatments that will inevitably attract a wide variety of clinical

⁸ See Pet owners survey, Q36r4 and Q36r5. Over 82% of LVG customers said their vet takes the time to clearly explain various treatment options to them, and they clearly understand the options presented to them by their vet.

⁹ See Pet owners survey, Q91 and Q92. 58% of LVG customers who had acquired medicines in the past two years stating they were aware that they could obtain a prescription, increasing to 76% in the context of repeat prescriptions.

¹⁰ See Pet owners survey, Q55b.

views on what should be included in the published prices. Without clear coordination of inputs, publication of these prices will not facilitate ready comparability between practices – they will be likely to confuse pet owners, rather than assist. It will therefore be important that there is alignment (preferably driven by the RCVS) for a standardised set of scenarios which require prices to be published for these more complex procedures with the greatest potential variability.

- (c) Third, price comparison websites being run by third parties create a risk of a “race to bottom”, imposes the additional financial interests of the third party on the process, and does not create an obvious benefit for consumers (compared to an RCVS Find a Vet tool which would not impose competing financial interests of a third party and would be trusted by vet businesses). Moreover, Linnaeus is particularly concerned that any price comparison website must give sufficient prominence to quality ratings in addition to prices, to avoid significant harm to quality-led business models and to avoid depriving pet owners of a ready ability to make choices based on quality metrics.
- (d) Fourth, “cooling off” periods for cremations create significant practical challenges for the storage of pet remains and create potential health risks. They would also deny pet owners the ability of making a quick decision which could avoid prolonged storage of their pet.

1.13 Linnaeus looks forward to continued dialogue with the CMA on these aspects in the remainder of this market investigation.

PART A

2. Linnaeus has not made excessive profits and average prices do not increase faster at practices following their acquisition by Linnaeus

Profitability and prices as compared with costs

2.1 The CMA has analysed a five-year period (2020 to 2024) and found that Linnaeus has not been excessively profitable.¹¹ In particular:

(a) **[Redated – Confidential]**;¹² and

(b) **[Redated – Confidential]**.¹³

2.2 This aligns with Linnaeus' view of its operations and with what Linnaeus has told the CMA during the course of the CMA's Market Investigation.

2.3 **[Redated – Confidential]**.

2.4 **[Redated – Confidential]**:

2.5 **[Redated – Confidential]**.¹⁴

2.6 **[Redated – Confidential]**:

(a) **[Redated – Confidential]**¹⁵;

(b) **[Redated – Confidential]**; and

(c) **[Redated – Confidential]**.

2.7 **[Redated – Confidential]**:

(a) **[Redated – Confidential]**; and

(b) **[Redated – Confidential]**.¹⁶

2.8 **[Redated – Confidential]**.¹⁷

2.9 The CMA's provisional conclusion in relation to prices rising faster than costs is therefore entirely without foundation when it comes to Linnaeus. It is not appropriate for the CMA to ignore this reality when drawing sweeping conclusions about the sector as a whole, LVGs as a group, or Linnaeus in particular.

¹¹ PDR Part A, Table 7.1 and paragraphs 7.55 and 7.64 (also PDR Appendix C, paragraphs 7-8)

¹² PDR Appendix C, Table 1.1.

¹³ PDR Appendix C, Table 1.2.

¹⁴ **[Redated – Confidential]**

¹⁵ **[Redated – Confidential]**.

¹⁶ **[Redated – Confidential]**.

¹⁷ The "CPI Veterinary and Other Services for Pets" increased by 8.2% p.a. between 2020 and 2023.

Post-acquisition price increases

- 2.10 First, the CMA's analysis found that there is no acquisition effect for Linnaeus in relation to average prices or claim values, meaning that average prices did not increase faster after a Linnaeus acquisition than at practices that remained independent.
- 2.11 **[Redated – Confidential]**. The CMA claims that its survey evidence indicates that consumer satisfaction with the cost of service is statistically higher for independents (47%) compared to Linnaeus (24%)¹⁸. However, in addition to general methodological concerns in connection with the design of the CMA's survey (as described above and in Linnaeus' comments on the CMA's draft Consumer Survey, dated 23 September 2024), the fact that on average independent practices had a higher satisfaction with the cost of service cannot be used to conclude that consumer satisfaction on cost of service would be higher on a like-for-like comparison. To the contrary, the fact that Linnaeus did not increase its prices post-acquisition more than independent practices is a strong indicator that on a like-for-like basis, consumers' view of satisfaction with the cost of service between Linnaeus and comparable independent practices would likely be similar. These satisfaction rates may also reflect factors beyond just consumers' views on satisfaction with the cost of service, for example, the CMA itself states "[i]t is possible that these satisfaction rates could reflect consumer bias against LVGs"¹⁹.
- 2.12 Third, the CMA presents its results in a manner which overstates the differences between LVGs and independent practices. Rather than stating the proportion of people who were satisfied directly (which is how this data is likely to be read on its face), the CMA's satisfaction metric is computed as the difference between those that were satisfied and those that were unsatisfied (i.e. the net satisfaction). However, 50% of Linnaeus customers said they were satisfied with the cost of service, compared to 64% for independents – a much smaller difference in scale than the CMA's net satisfaction score.

3. Pet owners make significant savings on Linnaeus' PH4L pet care plans

- 3.1 Linnaeus strongly disagrees with the CMA's suggestion that pet care plans may be used to drive higher spend rather than to promote preventative healthcare and affordability. It is inaccurate, misleading to consumers and grossly unfair for the CMA to imply that its overall finding that "*the 'average' pet owner does not achieve short-term savings*" from pet care plans applies to all veterinary businesses, given that for Linnaeus, the CMA finds that Linnaeus' PH4L pet care plans provide a positive value for money for subscribers²⁰. Specifically:
- (a) Using annual redemption rates across 24 FOPs over three years to estimate uptake, Linnaeus estimated the value of the pet plan based on assumptions relating to certain pet scenarios, for example 'a female

¹⁸ PDR Part A, Table 7.3 and para 7.72.

¹⁹ PDR Part A, para 7.73.

²⁰ PDR, Appendix G, para 1.10

unspayed kitten in the first year of a care plan'. Under each of three scenarios, Linnaeus showed that an average pet owner would save money - at between £[Redated – Confidential] to £[Redated – Confidential].²¹

- (b) Whilst the CMA did not use these precise estimates because they were provided for 24 FOPs only, its own findings are consistent with this result. Using [Redated – Confidential] usage rates, the CMA again computed average savings between £[Redated – Confidential] and £[Redated – Confidential].²²

3.2 Further, Linnaeus' pet care plans deliver clear and measurable benefits by:

- (a) highlighting preventative treatment that aims to reduce the likelihood of greater costs / intervention at a later stage;
- (b) providing cost savings for pet owners for the treatments and services accessible under Linnaeus' PH4L plan; and
- (c) enabling pet owners to spread costs evenly over the year.

The CMA's comparison with online retailers of parasiticides is flawed

3.3 The CMA has provisionally found that while pet owners who use all the included services in their plan can achieve significant financial savings compared to buying those products separately, these potential savings are reduced when compared to the cost of purchasing flea and worm parasiticides from online retailers of such products. In reaching this provisional conclusion, the CMA's analysis does not account for or place appropriate weight on certain factors which demonstrate the value of pet care plans for pet owners.

3.4 First, the CMA fails to account for the significant differences in cost structures and service propositions between veterinary practices and online retailers. As the CMA is aware, the cost structures and services offered by FOPs is significantly differentiated to that of an online retailer, and there are costs faced by brick-and-mortar businesses that will not be relevant to online retailers.

3.5 Second, the CMA fails to recognise that flea and worm parasiticides are not representative of the package of veterinary services typically included in pet care plans, many of which are more complex and require professional expertise and clinical oversight by qualified professionals, such as veterinary appointments (with a vet or vet nurse) to diagnose and/or treat pets, and vaccinations.

3.6 Third, the CMA has provisionally concluded that the significant majority of pet owners choose to purchase medicines from vet practices rather than from online pharmacies.²³ Notwithstanding the availability of online suppliers, Linnaeus'

²¹ As set out in Linnaeus' response to RFI14 Q1 and included at PDR Appendix G para 1.2.

²² PDR Appendix G, [Redated – Confidential].

²³ PDR Part A, paragraph 11.14: "81% of pet owners whose pet was prescribed medication in the past two years made their last purchase of medication directly from their FOP".

PH4L plans offer reduced cost for these products to those customers who choose to purchase medicines from its practices. To dismiss the value of this offer by Linnaeus because there are other choices available from other suppliers seems misdirected and abstract in the extreme.

- 3.7 Fourth, as recognised by the CMA, the analysis does not take into account the non-financial and longer-term financial benefits of pet care plans which are critical in understanding and defining the value of the plan for those pet owners who decide to use one. For example, pet care plans can lead to early detection of disease which could avoid costly interventions later down the line and improve health outcomes. As previously explained to the CMA, in addition to providing value for money, Linnaeus' pet care plans are designed to make recommended health care accessible for pet owners and drive best outcomes for pets.²⁴

4. Medicine pricing and prescription fees are competitive and set at a level that makes the overall cost of care affordable

Business models

- 4.1 The profitability of medicines cannot meaningfully be assessed in isolation from other services at FOPs. Margins on medicines contribute to the wider cost of care across a practice and the market reality is that **[Redated – Confidential]**.
- 4.2 The CMA has discounted the importance of this aspect of the business model across the market, on the basis that some of the LVGs earned higher profits than would be expected (based on the CMA's profitability methodology).²⁵ It is entirely flawed for the CMA to draw general conclusions on the veterinary market based on just four veterinary businesses (with business models differing significantly across the market).
- 4.3 The CMA must acknowledge that many veterinary practices, including Linnaeus, are not making excessive profits, and therefore the cost of implementing the CMA's remedies and any loss of medicines revenues will have to be paid for through price increases elsewhere. For customers of the many vet practices that are not making significant profits, the CMA's Proposed Remedies targeting medicines revenues are unlikely to result in savings on the overall cost of veterinary care, and could risk the financial viability of some practices.

Prescription fees

- 4.4 A prescription fee is a legitimate charge reflecting the expertise, time and cost involved in preparing the prescription. Prescribing medicines is a high-risk service that must be carried out by a suitably qualified professional. As set out in paras. 6.4-6.5 of Linnaeus' Issues Statement Response, it takes 5-10 minutes to prepare a written prescription and therefore Linnaeus' average prescription fee of **[Redated – Confidential]** for a written prescription across its practices is proportionately in line with or cheaper than its average price of **[Redated –**

²⁴ Response to RFI17, Q30.

²⁵ PDR Part A, paras 11.13 and 11.212

Confidential] for a 15-minute initial consultation appointment with a veterinary surgeon in 2024. Linnaeus' average prescription fee is therefore entirely legitimate and not set high, relative to the work involved. To the extent that the CMA's proposed price cap does not cover the cost of providing these services, this will result in veterinary businesses raising other prices to cover the cost. This is further aggravated by the proposed requirement in the PDR that only a single prescription fee can be charged per consultation, even if several drugs are prescribed, or multiple prescriptions issued. This requirement adds further distance between the cost to the business of providing written prescriptions, and what a practice can recoup – resulting in further pressure on veterinary businesses.

5. Some of the CMA's proposed remedies present significant implementation challenges and would result in harmful unintended consequences

- 5.1 Linnaeus acknowledges that the CMA has taken on board some of the concerns raised by the veterinary industry. Linnaeus supports transparency measures on pricing and practice ownership (as set out in the previous proposals made by Linnaeus and other LVGs) and welcomes the CMA's recommendations for regulatory reform. However, Linnaeus remains concerned about the feasibility of practices implementing some of the proposed remedies, and the unintended consequences that some remedies may lead to.
- 5.2 Linnaeus looks forward to continued dialogue with the CMA on these aspects in the remainder of this market investigation.

Part B – Linnaeus’ detailed comments on the CMA’s PDR Remedies

Linnaeus sets out below its detailed comments on the Proposed Remedies.

1. Require businesses providing veterinary services and online pharmacies to publish information on ownership	
Remedy design	<p>In principle, Linnaeus is supportive of the proposal to require veterinary businesses to publish information on practice ownership, through updates to websites, communications, and in premises (including on internal and storefront signage).</p> <p>However, Linnaeus considers that it is critical for the CMA to adopt a proportionate approach to the implementation of this remedy. Although the CMA notes at para. 3.23 of PDR Part B that it intends “<i>to define the [...] requirements more specifically</i>”, it is important that the CMA Order is not overly prescriptive with regards to external signage, as this may result in disproportionate costs and/or practical burdens (with no additional benefit to pet owners).</p> <p>Linnaeus notes that the external signage across its estate varies significantly between practices – some will have large signage above the door, whereas others may choose to have a small plaque signage on an external wall or a sign in the car park. Accordingly, implementation of this requirement is likely to vary significantly as between each practice and the remedy should not be overly prescriptive.</p> <p>Linnaeus considers that it should be sufficient for practices to be required to display ownership signage in a prominent and clear place, such that a typical pet owner could be expected to take notice of it from outside the building, while ensuring practices retain flexibility on how best to do this. Linnaeus would therefore be supportive of a principles-based requirement, which left the detail of achieving compliance to individual practices who would be able to adopt a solution appropriate to the circumstances of their particular sites. Over-regulation of this aspect would also have a direct impact on the time needed for compliance (see below). The focus should be on whether signage is sufficient that pet owners would be made aware of the ownership of the practice, rather than the precise form of the signage.</p>
Timing for implementation	<p>Linnaeus considers that it is feasible to update its website and communications within 3 months. However, Linnaeus would expect it may take up to 6 months to update the internal and external signage across its estate, as this would require it to design new materials and signage, locate and appoint suppliers to produce the materials, and roll-out the installation of the signage to all sites.</p> <p>If the CMA’s Order were to be prescriptive with regards to the form and dimensions of external signage required, this may require the full replacement of signage at many sites which has the potential to be even more time-consuming (and costly). In those circumstances, Linnaeus considers that this may require up to</p>

	12 months for some practices to implement (for example, due to the need to conduct asbestos surveys in relation to their storefronts).
2a. Requirement to publish basic service information including out-of-hours (OOH) provision, staff qualifications and accreditations on websites and in premises	
Remedy design	<p>In principle, Linnaeus is supportive of the CMA’s proposal for veterinary practices to provide information on OOH provision, staff qualifications and accreditations on their websites.</p> <p>Linnaeus notes that the RCVS, as the relevant registering body, already publishes information on practice’s staff and PSS accreditation (updated annually).²⁶ To ensure consistency across the profession and eliminate duplication, Linnaeus considers that veterinary practices should be required to provide hyperlinks on their websites to the relevant RCVS webpage, rather than to list this information on their own websites.</p> <p>In addition, Linnaeus considers the requirement to display paper copies of the relevant information in premises to be unnecessary, disproportionate and contrary to its sustainability goals (noting also that the RCVS PSS requires practices to have a clear waste reduction plan). There seems to be very limited consumer benefit to requiring practices to print out such materials and display them within practices, given that pet owners will only typically want information on: (i) staff qualifications and PSS accreditations at the point when they are selecting between practices, and (ii) OOH provision at the point when they need to use OOH services. Put differently, pet owners do not tend to be physically in a clinic when choosing a veterinary practice or when selecting OOH services.</p> <p>Further, [Redated – Confidential] or a staff member obtains a new qualification. If the requirement to display the relevant information is insisted upon, Linnaeus consider that a more reasonable alternative would be for practices to display a QR code linking pet owners to the relevant pages on their websites (which would avoid the need for regular re-printing of information).</p>
Timing for implementation	Subject to the comments above on scope being restricted to digital publication only, Linnaeus has no other specific comments on the proposed timing.
2b. Requirement to publish a list of prices for standard services on websites and in premises	
Remedy design	Linnaeus provides a table at Annex 1 below which sets out the items which Linnaeus considers are appropriate and straightforward to include in a mandatory price list, and those which give rise to concerns. Linnaeus supports pricing transparency for key treatments / services, where it is possible to clearly and simply define the treatments or services in question. For example, Linnaeus agrees with the inclusion of the

²⁶ For example, see <https://findavet.rcvs.org.uk/find-a-vet-practice/linnaeus-veterinary-ltd-t-a-village-vet-milton-vet-24-cambridge-cambridgecb24-6aw/>.

items in the CMA's Categories 1, 2 and 5, and some of the items in Category 3 (such as castration, spay, physiotherapy and laser therapy).

There are a number of items on the CMA's list (highlighted orange in Annex 1 below) for which price lists may be misleading to pet owners, unless further clarity is provided on what precisely these items cover. It would be important to have a clearly standardised set of parameters across the sector (in terms of scope, inclusions and exclusions) if these items are to be included, to ensure that pet owners can make a meaningful comparison. For example:

- **Anaesthesia / sedation** - it is not possible to provide a single price for these services as anaesthesia and sedation are different procedures (anaesthesia involves a complete loss of consciousness, while sedation leaves the patient conscious but drowsy). Even if separated and taken individually, these procedures vary enormously depending on the animal species, breed, temperament, and clinical context. For these items to be instructive for consumers, anaesthesia and sedation need to be separated and standardised categories for each must be clearly defined.
- **X-ray (including sedation and images)** – there is significant variability in x-ray procedures (e.g. depending on type of body part and number of body parts involved) and in the level of chemical restraint involved (as noted above), which mean it is not possible to provide a single meaningful price for these services. Linnaeus considers it would be more appropriate to list the price of this diagnostic imaging procedure (as well as other imaging procedures) separately from sedation / anaesthesia, due to the variability in sedation and anaesthesia.
- **Cytology (fine needle aspirate)** - it important to clarify for this and other lab tests whether interpretation is being done on-site or at an external laboratory. In some instances, it may be straightforward (and generally less expensive) for a vet within the practice to interpret the results. For more complex scenarios or where results are not clear immediately, it will be necessary for interpretation to be completed at an external laboratory (usually at higher cost).
- **TPLO** – certain parameters may vary in the way in which different practices carry out TPLO surgeries, for example, whether they use locking or non-locking plates, the type of analgesia provided (and for how long), and the hospitalisation of the patient. Failing to account for these differences would benefit practices that conduct TPLO surgeries in the cheapest manner possible regardless of each pet / pet owner's individual circumstances (as they can charge a lower cost and pet owners would be unaware that their services are not comparable on quality to other practices), which could result in patient welfare concerns and increased risk of complications.

	<p>Linnaeus considers that the CMA should work with the RCVS to provide clear guidance to vets on precisely what should be covered in these items if they are to be included in the price lists mandated under this remedy.</p> <p>Finally, Linnaeus has concerns that the inclusion of Ultrasound (POCUS) in the CMA's list is likely to confuse pet owners as they will not know what a "Point-of-Care Ultrasound" is or when it is used. A POCUS is typically only used in an urgent / emergency setting, and therefore including this item on a price list is not likely to be helpful for pet owners in choosing between practices.</p>
Timing for implementation	<p>As previously noted to the CMA, implementing this proposal is likely to require a significant amount of time and resources for Linnaeus. For example, [Redated – Confidential], all Linnaeus practices will need to update their pricing to accord with the weight categories required by the CMA and Linnaeus will need to ensure standardization across its estate on the inclusions / exclusions for each type of treatment.</p> <p>As explained previously to the CMA, Linnaeus has [Redated – Confidential] in the inclusions / exclusions for each type of treatment.</p> <p>Linnaeus therefore consider that it will not be feasible to carry out the required work within 3 months, and that up to 6 months will likely be needed (consistent with the CMA's proposed timings for smaller veterinary businesses). This timing would also be subject to the RCVS having appropriate time to provide guidance to vets on what should be covered for certain items in the price list (as discussed above).</p>
2c. Requirement to publish prices for parasiticide (i.e. flea, tick and worming) medicine products on websites and in premises, along with a link to a list of approved online pharmacies	
Remedy design	Linnaeus agrees in principle with the CMA's proposal.
Timing for implementation	[Redated – Confidential] . Linnaeus considers that it will require longer than 3 months to implement this proposal and there is no reason why Linnaeus would be able to implement this any faster than smaller groups and independent practices (who the CMA has proposed would have 6 months). Linnaeus therefore considers that up to 6 months will be needed.
2d. Requirement to publish information about what services are included in pet care plans, how frequently they are typically used, and price if paid separately – on websites and in premises	
Remedy design	Linnaeus welcomes measures which further improve transparency in relation to pet care plan information and allow pet owners to make an informed decision on which plan (if any) is right for them and their pet.
Timing for implementation	As stated with regards to Remedy 2b above, [Redated – Confidential] . Linnaeus considers that it will not be feasible to carry out the required work within 3 months, and that up to 6 months will likely be needed

	(consistent with the CMA’s proposed timings for smaller veterinary businesses) as information and price lists will need to be pulled separately for each practice.
3. Requirement to provide the information set out in remedies 2a-d above plus ownership and basic practice information directly to the RCVS; an undertaking from the RCVS to collect the information set out above, make it publicly available on its Find a Vet platform, enhance the platform’s functionality and share data with approved third parties	
Remedy design	<p>Linnaeus acknowledges that a trusted comparison tool operated by RCVS could assist consumers in comparing the price of services and treatments between practices, helping them to make informed choices.</p> <p>However, Linnaeus strongly disagrees with the CMA’s proposal that data provided by veterinary businesses should be made available to commercial third parties, to enable them to set up their own comparison services (as an alternative to an RCVS operated tool).</p> <p>Expanding this function to include third party providers of alternative comparison platforms would impose the additional commercial interests of third parties on the process and bring no obvious benefit for consumers. It is not clear why there would be any need for pet owners to be able to access an alternative to the RCVS’s Find a Vet platform, given that the same information about each practice would be available on each site.</p> <p>Although the CMA has stated that third parties would not be approved by the RCVS if they used models that distorted the presentation or ranking of listings through paid promotions, it is inevitable that third party providers will look for ways to monetise the platform (as otherwise there would be no incentive for them to operate it). Whereas an RCVS platform would be trusted by vets and vets would feel able to raise any concerns about the operation of the platform, third-party providers would be driven by their own commercial interests alone and would feel no duty to act in the interests of the veterinary industry and pet owners.</p> <p>As previously set out in detail, Linnaeus considers that operation of price comparison websites in the veterinary industry runs a high risk of giving disproportionate prominence to pricing information, at the expense of important qualitative factors relevant to individual practices. There is therefore a significant risk of material harm to Linnaeus’ business model of offering high quality service levels to pet owners in return for fair remuneration. While the RCVS is in a good position to consider the broader interests of pet owners in being offered a choice of different delivery models for veterinary services, and Linnaeus trusts would give due weight to high quality service provision, commercial comparison site providers cannot be expected to be influenced by any such considerations. Given the strong potential for commercial harm to high quality providers, Linnaeus strongly believes that the appropriate balance of the different considerations relevant to this proposed remedy would be to limit use of this information to the RCVS, rather than approved third parties.</p> <p>Even with regards to an RCVS operated price comparison tool, Linnaeus remains of the view that any price comparison tool must display pricing information alongside relevant information on the quality of a practice.</p>

	<p>This could include, for example, existing PSS “Good” and “Outstanding” awards that a practice holds, or a standardized NPS score for the practice (as discussed below in relation to Remedy 4).</p> <p><u>Unless information on quality is given sufficient prominence</u> in the envisaged price comparison tool, this remedy has the potential to result in <u>poorer outcomes for pet owners</u>. In placing disproportionate emphasis on price as the primary (or even only) differentiator between practices, comparison platforms risk encouraging decisions based on cost alone, rather than on the quality of care or clinical expertise. Veterinary services are not a commodity; they involve complex, individualised treatment plans where continuity of care, clinical standards, and trust in the veterinary team are critical to animal welfare. If practices are incentivised to compete primarily on price, this could lead to cost-cutting measures that compromise service quality, investment in staff training, and access to advanced diagnostics or treatments. Such an approach would undermine the broader goal of ensuring high standards of veterinary care and could negatively impact both pet health and owner satisfaction.</p> <p>Finally, as noted above in relation to Remedy 2a, information on registered staff and PSS accreditation is already held by the RCVS as the registering body. As a result, it would be duplicative and an unnecessary administrative burden for practices to have to share this information with the RCVS pursuant to this remedy (e.g. through filing an RCVS web form) as the CMA seems to envisage.</p>
<p>Timing for implementation</p>	<p>Linnaeus is unable to comment on the proposed timings for the implementation of this remedy until further clarification is provided on how data will be collected by the RCVS (i.e. the format for the RCVS’ web form or any other alternative methods). It is crucial that the RCVS consults veterinary businesses when establishing these processes, as there is potential for the provision of such information to the RCVS to become a significant administrative burden for veterinary practices.</p>
<p>4. Undertaking from the RCVS to commission and publish the results of a pet owner survey which compares each Large Veterinary Group (LVG) and independents (as a group), once every two years; and LVG FOPs to publish results on websites and in premises</p>	
<p>Remedy design</p>	<p>Linnaeus considers the CMA’s proposed survey to be unnecessary and that it has the potential to distort consumers’ views on the quality of practices (and therefore distort local competition between practices), rather than to assist consumers in selecting a practice that suits their preferences. The CMA’s proposal also fails to take account of the fact that competition for veterinary services takes place at a local level.</p> <p>First, the performance and quality of practices will inevitably vary amongst different independent FOPs and amongst FOPs within the same corporate group. Requiring the publication of group-wide results and a comparison between each LVG and an aggregated “independent FOPs” figure may give pet owners an entirely false picture of the quality of the practices in their area. For example, a very poor performing independent FOP will benefit greatly if the figure for “independent FOPs” is higher than the LVGs that have practices in the</p>

same area (facilitating the poor quality independent FOP to charge a more premium price), whereas customers may be put off selecting a very high performing LVG FOP on the basis of its corporate group having a lower aggregated score.

Ultimately, this approach risks producing outcomes that are actively detrimental to pet owners. By publishing aggregated group-level survey results, the remedy could mislead consumers into making decisions based on inaccurate or irrelevant comparisons. Pet owners typically choose a veterinary practice based on local reputation, quality of care, and personal experience—not on groupwide / nationwide averages that may bear no relation to the performance of practices in their area. If these survey results become a dominant reference point, pet owners may overlook more meaningful indicators such as local reviews (for example, Google reviews from customers that have actually used local practices) or the clinical accreditations of local practices. Moreover, the remedy could distort competition by unfairly penalizing high-performing practices within a group that scores lower overall, while benefiting poorly performing practices that are shielded by a higher aggregated score. This would undermine informed choice.

Second, Linnaeus has strong concerns that the formulation of the survey may add fuel to a bias in comparisons between independent and LVG-owned FOPs. Perpetuating the sentiment that LVG-owned practices should be compared to independent practices as a whole appears to lend CMA endorsement to the notion that distinctions in price, quality and other factors in the sector exist as between LVGs on the one hand and independent practices as a whole homogenous group on the other. This is both deeply inappropriate and highly misleading to consumers. Variations in price, quality, etc. can exist as between different independent vet practices just as much as they can exist between an LVG-owned practice and an independent (or between different practices owned by the same LVG). As set out above, this type of comparison also offers no useful information to pet owners on the performance of the specific practices (LVG-owned or independent) in their local area.

Third, if the survey contains questions on practice ownership, this may lead pet owners' responses to be tainted by general misunderstandings about the corporatization of the veterinary profession.

If the CMA elects to continue with the introduction of an RCVS survey in spite of these concerns, Linnaeus considers that it will be important for survey design to be closely thought through, in order for it to focus on practice quality and pet owners' experience of care, rather than general views on corporate ownership.

Linnaeus considers a far more straightforward solution would be to require veterinary businesses to publish a standardized NPS score, which they could collect themselves (if considered necessary, with the RCVS monitoring the data collection process through spot checks). This would give pet owners access to a straightforward, consistent metric that would allow them to compare customer satisfaction levels for each individual practice.

Timing for implementation	Linnaeus has no comments on timings at this stage.
5a. Requirement to provide pet owners with a written estimate of the total cost of any treatment which is likely to be £500 or more (including VAT) and give them an update if the estimated cost increases by 20% or £500 (whichever is lower), and recommendation for the RCVS to reflect this in Codes and Guidance	
Remedy design	<p>In relation to treatments to that are to be carried out in an FOP, Linnaeus considers a £500 threshold at which vets must provide pet owners with a written estimate would be feasible, although it notes that this is likely to increase the workload of vets. Linnaeus remains of the view that a threshold of at least £1,000 is more appropriate where treatments are to be carried out outside the FOP (i.e. external referrals), as these minimum thresholds would limit the administrative burden on vets and the consequential negative effects on pet owners. It is also crucial that the RCVS reviews the threshold annually (taking account the impact that this requirement has in practice on vets' time) and, at a minimum, that the threshold is adjusted in line with CPI. Linnaeus notes that these conversations on expected costs already occur, and this remedy is therefore more about recording the information that is given to customers. Accordingly, such a requirement should attach to a reasonable level of materiality in order for it to be proportionate.</p> <p>In relation to external referrals, Linnaeus welcomes the fact that the CMA's requirement is limited to instances where FOP veterinarians can "reasonably foresee that the cost would be £500 or more" (albeit Linnaeus considers a higher threshold is more appropriate), in which case "the estimate would need to say so and provide a reasonable indication", as it can be difficult for FOPs to provide accurate estimates for referrals outside the FOP. In particular, it will often be the case that the likely cost of treatment will be wholly dependent on the next stage of diagnosis, in which case FOP will not be able to give that estimate.</p> <p>In a consultation at an FOP, vets discuss the range of potential treatment options with the pet owner (which may include a referral), together with ballpark fee estimates and an explanation of any associated risks. The aim is to facilitate a collaborative conversation between the vet and pet owner as to the suitable course of action, taking account of the owner's circumstances, such that the owner can make an informed decision. There is a risk that requiring vets to provide a written estimate for the potential costs of treatment at a referral centre increases the administrative burden on vets, and shifts the focus away from collaborative conversation and to covering as much detail as possible for a written estimate.</p> <p>With regards to implementation generally, [Redated – Confidential]. Although it may be possible to put this in place in future (at a cost), in the short-term Linnaeus would propose to introduce an "estimate and consent form" to be completed by vets, which would contain high-level estimates of treatment, with line items for broad categories (e.g. diagnostics, procedures, hospitalisation etc).</p> <p>To ensure pet owners are given sufficient time to consider their decision to proceed or not, when treatment has been discussed and will be scheduled for a future date, the "estimate and consent form" would be</p>

	<p>completed by the vet at the consultation (or emailed to the pet owner after), with no requirement for the pet owner to sign the form until they return for the patient to be admitted. It will be necessary for pet owners to be able to opt-out of having consideration time between receiving the estimate and consenting to the treatment, where the pet owner wants to proceed directly to provision of care on the same day.</p> <p>In summary, whilst implementation of this remedy is potentially feasible, Linnaeus remains concerned that this remedy <u>could inadvertently lead to poorer outcomes for pet owners</u>. By imposing rigid requirements for written estimates at relatively low thresholds, the proposal risks diverting vets' time away from clinical care and collaborative discussions toward administrative tasks. This could delay decision-making in urgent cases and reduce the flexibility needed to respond to evolving treatment plans. In addition, the complexity of providing accurate estimates for referrals—where costs often depend on subsequent diagnostics—may result in overly broad or misleading figures, creating confusion rather than clarity for pet owners. Ultimately, this approach could increase stress for both pet owners and veterinary teams, without delivering meaningful improvements in transparency.</p>
Timing for implementation	<p>Provided Linnaeus' intended approach to implementing the CMA's proposal (through a new "estimate and consent form" as set out above) is sufficient, it should be feasible to implement this remedy within 3 months. However, if a more prescriptive detailed breakdown of costs is needed on each written estimate, this will take substantially longer to implement (likely up to 12 months), as this would require the creation and roll-out of new technical solutions ([Redated – Confidential]) – which would also have material cost implications.</p>
5b. Requirement to provide pet owners with itemised bills for their pet's treatments and other services they receive and recommendation for the RCVS to reflect this in Codes and Guidance	
Remedy design	<p>Linnaeus is supportive of a requirement for veterinary businesses to provide pet owners with itemised bills and notes that this is already common practice at Linnaeus' FOPs. Linnaeus assumes this requirement would apply at the point where there is certainty over the final costs and final payment is requested, i.e. it would not apply where deposits are paid / credit card details are taken earlier in the process (e.g. when a pet is hospitalised), which is common practice in the veterinary industry.</p>
Timing for implementation	<p>Linnaeus notes that dispensing, administration and injection fees are not currently split out from medicine prices [Redated – Confidential], and therefore these fees are not currently separated on an itemised bill. If practices were required to split out these fees, this would require substantially more time to implement, as it would require [Redated – Confidential] to enable this functionality.</p>

6. Requirement to have in place written policies and processes to ensure that vet professionals are able to act in accordance with relevant provisions of the RCVS Codes and Guidance including giving pet owners independent and impartial advice and a range of treatment options where appropriate.	
Remedy design	Linnaeus is supportive of the CMA's proposal, and notes that Linnaeus already has policies in place which address this aim. Linnaeus has no further specific comments at this stage.
Timing for implementation	Linnaeus has no comments on timing at this stage.
7. Requirement to make pet owners aware they can get a prescription and buy medicines online more cheaply through standardised notices in waiting rooms and by including standardised messages in a range of communications. Vets would need to tell pet owners about written prescriptions in consultations. Undertaking from the RCVS to produce and distribute standardised notices and information about the written prescription process and for it to host a copy of literature on its website	
Remedy design	Linnaeus does not foresee significant challenges in implementing this remedy. Linnaeus notes that printing leaflets for pet owners seems unnecessary and would be contrary to its sustainability goals. Most pet owners are already aware they can obtain written prescriptions from their FOP and purchase medication elsewhere - according to the CMA's consumer survey, 57% of pet owners who had acquired medicines in the past two years were aware that they could obtain a prescription, ²⁷ increasing to 76% in the context of repeat prescriptions. ²⁸ It is reasonable to expect that the vast majority of customers would be able to easily access a digital version of the leaflet.
Timing for implementation	Linnaeus has no comments on timing at this stage.
8. Requirement to give pet owners written prescriptions by end of consultation (hard copy) or end of day (digital)	
Remedy design	For acute cases, assuming its understanding of the proposed remedy is correct, Linnaeus agrees with the proposed requirement that prescriptions can either be issued within the consultation or by the end of day (as a digital copy) – at vets' discretion – and considers this is largely already standard practice across the veterinary sector.

²⁷ CMA's Pet owners survey, Q91.

²⁸ CMA's Pet owners survey, Q92.

	<p>Linnaeus understands that the CMA’s proposed remedy would preserve vets’ discretion to decide whether to issue a prescription at a consultation or to share a digital version later that day.²⁹ It would not require vets to always produce a hard copy written prescription immediately at the consultation / appointment, where requested. It is crucial that vets retain this flexibility, to enable them to properly manage their priorities. Vets should not be mandated to immediately write up prescriptions, as this may prevent them from seeing patients that more urgently require treatment. Given the purpose of written prescriptions is to enable pet owners to purchase medications online, there should be no reason why a digital copy would not be appropriate for a pet owner (particularly as it avoids the need for a pet owner to scan in and upload the hard copy prescription for the online pharmacy).</p> <p>Notwithstanding the above, Linnaeus considers that for chronic or repeat medications, a strict end of day requirement is arbitrary and risks:</p> <ul style="list-style-type: none"> i. adding an unnecessary additional burden on busy clinicians, particularly where requests arrive late in the day. It may also result in vets being required to stay late to complete non-urgent paperwork (where requests for prescriptions have come late in the day), which could worsen the impact on the welfare and morale of vets, in circumstances where pet would typically be happy to accept a short delay; and ii. resulting in poorer outcomes for pet owners. By imposing an inflexible requirement for prescriptions to be issued by the end of the day, regardless of urgency or context, the proposal could force vets to prioritize non-urgent administrative tasks over clinical care. This may lead to delays in seeing patients, reduced appointment availability, and last-minute cancellations, all of which negatively impact pets and their owners. In practice, imposing this remedy in relation to chronic and repeat medications could <u>increase stress for veterinary teams, reduce efficiency, and compromise timely access to care - without delivering any meaningful benefit to consumers.</u> <p>Linnaeus considers that for chronic or repeat medications a requirement to provide digital prescriptions within three working days (Monday to Friday) is more realistic and would recognise the operational realities of busy clinical environments, the need to balance the interests of different pets / pet owners, and the importance of maintaining the wellbeing of vets, whilst ensuring pet owners still promptly receive prescriptions.</p>
<p>Timing for implementation</p>	<p>Linnaeus has no comments on timing at this stage.</p>

²⁹ It is stated at paragraph 5.62 of PDR Part B that: “where vets/veterinary businesses would prefer to batch written prescriptions and produce them together, they would continue to be able to do so, but must provide the pet owner with a digital copy of the written prescription, so that the pet owner does not need to return to the FOP to collect a paper version.”

9. Requirement to be clear that there are alternatives to own-brand medicines and provide information on active ingredients so those alternatives can be found	
Remedy design	Linnaeus does not sell own-brand medicines and therefore has no specific comments on this proposal.
Timing for implementation	Linnaeus has no comments on timing.
10. Requirement to contact customers at specified times to ask for their default preference for repeat prescriptions – whether to buy online or in-clinic	
Remedy design	<p>Linnaeus has significant concerns regarding the CMA’s proposal that veterinary practices contact customers at specified times to ask for their default preference for repeat prescriptions. This proposal imposes a grossly disproportionate burden on veterinary practices, for no obvious benefit to consumers, given that: (i) most pet owners are already aware they can obtain written prescriptions from their FOP (see response to Remedy 7 above); (ii) pet owners acquiring chronic medication already typically attend regular patient medication checks, where vets are able to take their preferences; and (iii) the CMA already intends to impose other remedies to increase the awareness and uptake of written prescriptions (Remedies 7 and 8).</p> <p>[Redated – Confidential] (in terms of contacting customers on an annual basis, tracking patients on written prescriptions, tracking default preferences for all pet owners and enabling the reporting of this data). Although a pet owners’ preferences could be noted in the relevant clinical record for their pet, this is not something that can be easily pulled and audited. The requirement to contact all pet owners (regardless of whether their pet has ever received prescription medications) and update their “default preferences” presents a huge administrative burden and would require significant time and resources, [Redated – Confidential].</p> <p>Linnaeus notes that if a patient is on chronic medication, a repeat prescription would be provided until the next patient medication review (usually held at three, six or twelve months depending on the condition). It is unnecessary for practices to annually contact customers and maintain databases of customer preferences, as vets can simply ask customers their preference: (i) when they initially prescribe the medication (as required by Remedy 7) and (ii) at each patient medication review.</p> <p>A more effective and proportionate approach would be to simply require practices to capture client preferences at the time of medication reviews for repeat prescriptions (as part of normal clinical workflow) rather than imposing blanket contact requirements across all registered clients. This would achieve the CMA’s intention – pet owners making an informed choice - without unnecessary complexity and disproportionate administrative burden.</p> <p>Although Linnaeus understands the CMA’s proposal regarding “default preferences” is driven by the aim to ensure pet owners can make decisions outside of consultations (when they may be more relaxed and have</p>

	<p>more time to consider their options), the suggestion that this would lead to more considered or informed choices is entirely misplaced. It is far less useful and relevant for pet owners to make decisions on how they want to acquire medications in the abstract, when prompted on a yearly basis at a time when their pet may not require medication. To make informed decision, pet owners need to make decisions with all the relevant contextual information (i.e. in a consultation, having spoken to a vet about their pet’s diagnosis and the medications that will be required). In reality, pet owners will not be tied to their previously stated “default preference”, as vets will inevitably discuss the pet owner’s preferences for receiving medications in a relevant consultation or appointment (as required by Remedy 7), rather than proceeding with the default option with no discussion. This therefore makes the concept of a “default preference” entirely redundant. Moreover, the CMA’s proposal to set pet owners’ “default preference” (in the event the pet owner does not take a decision) to receiving a written prescription is clearly not a “considered decision” (which the CMA indicates at paragraph 5.95 of PDR Part B is one of the main aims of this remedy).</p> <p>Given the above, this remedy could lead to poor outcomes for pet owners as it creates unnecessary complexity and administrative burden, diverting resources away from clinical care. It offers no real benefit to consumers, as preferences expressed outside the context of a consultation are unlikely to be informed or relevant, and will not bind future decisions. In practice, the additional administrative burden would increase operational costs and slow down service delivery—ultimately making it harder for pet owners to access timely care. The CMA’s proposal risks adding bureaucracy and producing unintended negative consequences, without providing any material benefit to pet owners.</p>
<p>Timing for implementation</p>	<p>If the CMA was to impose this remedy, Linnaeus would expect it to take a minimum of 12 months to implement. [Redated – Confidential], it may not be possible for relevant practices to carry out the required actions for this remedy until they [Redated – Confidential].</p>
<p>11. Requirement to charge no more than £16 for providing a written prescription and put in place policies and procedures on the duration of prescriptions and charging a single prescription fee per consultation</p>	
<p>Remedy design</p>	<p>As stated above at paragraph 4.4 of Part A, Linnaeus’ average prescription fee is proportionately in line with its consultation fees for the staff time required, and reflects the time and cost involved in preparing the prescription. To the extent that the CMA’s proposed price cap does not cover the cost of veterinary businesses providing written prescriptions, this will require veterinary businesses to raise other prices to cover the cost.</p> <p>Linnaeus strongly disagrees with the CMA’s proposal to limit practices to charging a single prescription fee per consultation, which would preclude practices from charging additional fees where multiple drugs are prescribed in the same consultation. This restriction would compound the negative impacts of the remedy</p>

	<p>and would further result in customers that do not need prescriptions subsidising those that do (as fees for all customers may need to be increased to cover the cost of prescribing medicines).</p> <p>When issuing written prescriptions for multiple drugs, it is standard practice for veterinary practices to charge a prescription fee in relation to the first drug, and then a lower additional fee for each additional drug. This reflects the fact that providing a prescription for each additional drug, requires additional time. Even aside from the simple administrative time of writing and checking the script for each drug, a vet would also need to spend time considering how particular drugs might interact with each other.</p> <p>The CMA indicates that it considers this restriction is necessary to mitigate the risk of circumvention of the £16 prescription fee cap (paragraph 6.39(b)), however, this aim would still be achieved by enabling veterinary practices to continue to charge an “additional item” fee for each additional drug (which could be capped at a level that the CMA considers reflects the additional time and cost involved in prescribing additional drugs). This would in no way facilitate the circumvention of the £16 cap, as it would simply be reflecting existing practice and allow vets to charge for time incurred. There is therefore no clear justification for prohibiting vets from recovering the incremental cost involved in preparing written prescriptions for multiple drugs that are prescribed in the same consultation.</p> <p>Linnaeus suggests that “Prescription (additional drug)” should be added to the CMA’s defined list of items to be included in a price list (see Remedy 2b above – and Annex 1 below).</p> <p>Separately, Linnaeus would appreciate further clarity on when in each calendar year the CMA would propose to require the prescription fee cap to be adjusted for inflation.</p>
Timing for implementation	Linnaeus has no comments on timing at this stage.
12. Requirement not to use for new (or enforce for existing) out-of-hours contracts notice periods which are longer than 12 months, with no payments required unless a FOP stops using the services before the notice period expires	
Remedy design	Linnaeus is supportive of the CMA’s proposal.
Timing for implementation	Linnaeus has no comments on timing at this stage.
13. Requirement to offer communal cremations, make pet owners aware of all available end of life options, publish individual and communal prices and observe ‘cooling off’ periods	
Remedy design	Linnaeus agrees with the proposal to require veterinary practices to offer communal cremations, make pet owners aware of all available end of life options, and publish individual and communal prices.

	<p>However, Linnaeus has serious concerns regarding the CMA’s proposal for a 2 working-day period for pet owners to make a decision, or alternatively, where decisions are made immediately by the pet owner, one working day “cooling off” time in which they can change their mind. Vets already have detailed conversations with pet owners about their options (often in advance of the end of life of their pet) and recognise that this can be a very emotional time for pet owners and in a small number of cases pet owners may need more time to make a decision. In Linnaeus’ experience, it is very rare that pet owners change their mind once they have decided on a cremation option for their pet.</p> <p>Practices have limited cold storage for deceased pets and do not usually have space for multiple freezers. Requiring practices to store pet remains in line with the CMA’s proposals is simply not feasible or practical for most practices, and would lead to disproportionate negative consequences. Further, it may create health and safety concerns if pet remains must be stored for longer periods.</p> <p>Practices typically organise once to twice weekly collections from third-party cremations providers. The CMA’s proposed mandatory “cooling off” time could lead to distressing outcomes for pet owners, as vets will be unable to act immediately on pet owners’ decisions, resulting in pets sometimes having to be stored at the practice for several days. For example, if collections were arranged for Tuesday and Thursday mornings, and a pet died on a Wednesday evening, even if the pet owner made a decision immediately (and there was no prospect they would change their mind), the pet could not be taken for cremation on the Thursday morning (due to the need for a full working day of “cooling off” time) and would have to be stored at the practice until the following Tuesday.</p> <p>Linnaeus notes that the CMA has qualified its proposed requirement with “<i>where practical and reasonable to do so</i>” and the CMA recognises that veterinary practices may have limited storage capacity. However, vets should not have to bear the risk of self-assessing whether it is appropriate to disapply the CMA’s requirement, and it may create confusion for customers if in reality a large number of practices cannot implement the CMA’s Order in this respect.</p> <p>If the CMA insists on some form of remedy, Linnaeus considers a more effective and proportionate solution would be for veterinary businesses to be required to allow pet owners 24 hours to consider their options, if the pet owner requests more time to make their decision. Linnaeus would expect that a 24-hour delay (for the limited number of pet owners that require more time to decide) would be more manageable from a practical perspective and is likely consistent with what already occurs at most veterinary practices. This would allow time for pet owners who may need more time to consider their options, whilst ensuring that the choices of those pet owners who are confident in making decisions can be acted on immediately.</p>
<p>Timing for implementation</p>	<p>Linnaeus has no comments on timing at this stage.</p>

14. Requirement to publish and provide pet owners with an in-house complaint process which meets specified minimum criteria, and for a sample of veterinary businesses to share a log of complaints with RCVS	
Remedy design	Linnaeus is supportive of the CMA's proposal.
Timing for implementation	Linnaeus has no comments on timing at this stage.
15. Requirement to engage in mediation in good faith where the pet owner's complaint is not resolved in-house and the pet owner wishes to take the complaint to mediation	
Remedy design	Linnaeus is supportive of the CMA's proposal.
Timing for implementation	Linnaeus has no comments on timing at this stage.
16a. Undertaking from the RCVS (or requirement by CMA Order for it) to develop and publicise a decision tree to help pet owners navigate the different routes to redress	
Remedy design	Linnaeus is supportive of the CMA's proposal.
Timing for implementation	Linnaeus has no comments on timing at this stage.
16b. Undertaking from the RCVS (or requirement by CMA Order for it) to collect, analyse and publish on annual basis data and insights on complaints in the veterinary market for household pets	
Remedy design	Linnaeus is supportive of the CMA's proposal.
Timing for implementation	Linnaeus has no comments on timing at this stage.
17. A recommendation to government to establish a replacement statutory regime for the regulation of veterinary services for household pets, including: regulating veterinary business and the practices they own; regulating the professional conduct of vets and vet nurses; robust and effective monitoring and enforcement; an effective complaints and redress system; statutory duties to promote competition and further the interests of pet owners; and an independent and effective veterinary regulator.	
Remedy design	Linnaeus is supportive of the CMA's recommendation for government to establish a modern, effective regulatory system with strong accountability and consumer protection. Any reform must preserve animal welfare, clinical independence, and professional integrity as central principles, with competition and consumer interests serving as complementary, and not overriding, aims. It is crucial that the veterinary profession and

	industry are meaningfully involved in shaping the scope, duties, and governance of any revised regulatory body, ensuring it reflects the realities of modern veterinary practice.
Timing for implementation	Linnaeus has no comments on timing at this stage.

Annex 1 - Linnaeus' views on defined services in CMA's proposed price list

Key:

	Linnaeus agrees with the inclusion of item
	If item is to be included, standardised parameters are required to ensure that pet owners can make meaningful comparisons
	Item is not appropriate for inclusion in mandatory price list
	Proposed Addition

Category	Service, product, treatment or procedure (48 in total)
Consultation and preventative care (12)	First consultation
	Repeat consultation
	Out-of-hours consultation
	Nurse consultation
	Nail clipping
	Anal gland expression
	Microchipping
	Animal health certificate
	Vaccinations primary course (including consultation)
	Vaccinations booster (including consultation)
	Vaccination for kennel cough (including consultation)
	Pet care plan(s) (monthly cost)
Prescription, dispensing and administration (5)	Prescription (first)
	Prescription (repeat)
	Prescription (additional drug)
	Dispensing fees
	Administration fees/Injection fees
	Insurance administration fees
Surgeries and treatments (7)	Anaesthesia and sedation
	Routine dentistry (initial examination of mouth, scale and polish, anaesthetic)
	Castration

	Spay (traditional)
	Spay (laparoscopic)
	Physiotherapy session
	Laser therapy session
Diagnostics and laboratory tests (11) (All include interpretation)	X-ray (including sedation and images)
	Ultrasound (full abdominal)
	Ultrasound (echocardiogram/ECG)
	Ultrasound (POCUS)
	Cytology test (ear swab)
	Cytology (fine needle aspiration)
	Basic urine screen (including urine dipstick, measurement of specific gravity and urine microscopy)
	CT scan per body part (including sedation and images)
	MRI scan per body part (including sedation and images)
	Pre-surgical blood test
	Routine blood profiles
End of life care (4)	Euthanasia
	Cremation: communal
	Cremation: individual
	Cremation: each discretionary add-on
Specialist treatments and procedures (9)	Tibial Plateau Levelling Osteotomy (TPLO)
	Lateral suture
	Cataract surgery
	Patella Luxation
	Hip replacement
	Lateral Condylar Fracture surgery
	Total ear canal ablation
	Brachycephalic Obstructive Airway Syndrome (BOAS) surgery
	Prolapsed nictitans gland repair ('Cherry eye')