Response to the CMA consultation on the draft Veterinary Services Market Investigation Order 2026

Submitted by: Cloud 9 Vets Ltd

1. About the respondent, and declaration of interest

Cloud 9 Vets is a provider of in-home veterinary care operating across the United Kingdom, specialising in at-home euthanasia for companion animals. We deliver our services through a network of veterinary surgeons and work with regional pet crematoria across the country. We have traded since October 2017.

We declare a commercial interest in the outcome of this consultation. The representations below concern the visibility and comparability of at-home euthanasia, a service we provide. Along with all other providers in the at-home euthanasia sector we risk being disadvantaged by the currently proposed format. We would equally benefit from the changes we seek, which would make at-home euthanasia more visible to pet owners.

We also note, in support of our standing to comment, that Cloud 9 Vets has published its prices transparently since its foundation, and continues to do so: our at-home euthanasia prices are on our website today. The obligations proposed in the draft Order reflect a practice we have followed voluntarily for years. We are not resisting price transparency. Our concern is that the draft Order, as presently framed, does not make at-home care *comparable.* The prices exist, but the Order provides no standardised place to put them.

We understand that the CMA is not consulting on the inquiry group's decisions in the final report, including its findings on the adverse effect on competition and the remedies it has decided to implement. Our representations are directed solely at the drafting of the documents on which views are sought.

We note at the outset, and with appreciation, that the CMA has already recognised that not all primary veterinary care is delivered from a building. Part (b) of the definition of First Opinion Practice extends to "the set of mobile facilities and equipment a Veterinary Business uses to provide primary veterinary care for Household Pets", and disapplies requirements that refer to actions taken upon physical premises. That is a considered accommodation and we welcome it. Our representations proceed from it: having recognised mobile provision in the Order's definitions, we ask that the same recognition be carried through into the price list itself and into the mechanism for expressing price variation. At present the accommodation addresses where a price list must be displayed, but not what it is capable of saying.

2. Summary of representations

Representation 1. The single price-list line item "Euthanasia" should be separated into at-practice and at-home euthanasia. As currently drafted, Article 7(1) requires one figure, expressed without ranges, to represent two materially different services with different cost bases. This is the only category in Schedule 1 where a material service variant is collapsed into a single term, and it defeats the comparability the price list exists to create.

Representation 2. Article 7(2)(j) requires a veterinary business using a third-party crematorium to publish both a single price for communal and individual cremation and a link to that crematorium's price list. Neither limb can be satisfied accurately by a business that uses different crematoria in different parts of the country. We propose that such a business be permitted to publish cremation prices by region, and to link to a maintained regional list that routes through to each crematorium's own price list.

Representation 3. The caveat permitted by Article 7(2)(l) contemplates upward price adjustment for clinical factors only. Services delivered at the pet owner's home carry legitimate non-clinical cost drivers — travel distance, urgent booking, public holidays and statutory road charging — which the Order currently provides no compliant way to express. We propose either an extension of that caveat, or a published standing schedule of fixed supplements.

---

3. Representation 1 — at-home euthanasia should be a distinct line item

3.1 The provision

Annex 1 (indicative price list) sets out 36 line items across five categories. Category 5, "End-of-life care", contains three: **Euthanasia**, **Cremation: communal**, and **Cremation: individual**.

3.2 The problem

Four features of the draft documents, read together, create the difficulty.

First, euthanasia is barely considered as a service anywhere in the package. The word appears twice in the draft Order: once within the definition of a Treatment Pathway, and once at Article 12(6), which permits a veterinary business to give a pet owner *less* detailed information in an itemised bill for euthanasia and cremation where it reasonably considers this necessary to avoid causing distress. It does not appear at any point in the 49-page draft explanatory note.

We do not criticise Article 12(6). It reflects a humane understanding that this is a moment requiring particular care, and we support it. We draw attention to it because it is the Order's only substantive engagement with euthanasia, and it concerns the sensitivity of the transaction

rather than the nature of the service. The CMA has considered how much detail an owner should receive after the event, and has not considered what the service consists of beforehand.

By contrast, cremation is addressed at length. Part 6, Article 20 sets out obligations on end-of-life care options, the mandatory offer of a basic communal cremation, the treatment of discretionary add-ons and the provision of clear pricing information, supported by approximately sixty lines of explanatory commentary. The aftercare that follows the procedure has been carefully specified. The procedure itself has not.

Second, there is no home-visit line item anywhere in the price list — not within Category 5, and not within Category 1 (consultation and preventative care), which contains twelve items including first, repeat, out-of-hours and nurse consultations. The only reference to the home in the entire explanatory note is to a pet owner's right to take a deceased pet away for burial at home.

The consequence is that a pet owner comparing practices will see a single figure against the word "Euthanasia". That figure may represent a brief standard appointment at a clinic, or an attended visit to the owner's home involving travel, an extended appointment and, frequently, out-of-hours provision. These are different services with different cost bases.

Third, Article 7(1) makes this acute. It provides that a single figure must be given for each item in the Price List Schedule and that prices must not be expressed in ranges. A veterinary business offering euthanasia both at its practice and at the pet owner's home therefore has no compliant way to represent both within the mandated line. It must choose. If it publishes the at-home price, it appears materially more expensive than a clinic-only competitor offering a different and less costly service. If it publishes the in-practice price, its price list understates the cost of a service it actively provides. Neither outcome serves the pet owner, and the second is positively misleading.

Fourth, this is the only place in the Schedule where a material service variant is collapsed into a single term. Elsewhere the CMA has drawn precisely this distinction, repeatedly and deliberately. Category 1 separates first, repeat, out-of-hours and nurse consultations. Category 3 separates traditional and laparoscopic spays. Category 5 itself separates communal from individual cremation. The Schedule already recognises that where a service is delivered, when it is delivered, and by what method, are variables that justify separate line items — the out-of-hours consultation entry establishes that delivery context alone can warrant its own price. Euthanasia is the single exception, and we can see no principled basis for it.

We say this engages the CMA's own rationale for the remedy. The price list exists to allow pet owners to compare like with like. In the case of end-of-life care it will, as drafted, produce figures that are not comparable — and it will do so for a decision most owners will want to have thought through before it becomes urgent.

3.3 The ability to publish additional information does not answer the point

We recognise that paragraph 36 of the draft explanatory note confirms the Schedule sets out basic or minimum information, and that veterinary businesses may choose to publish additional information about the services they offer, which the CMA notes may support greater choice and price comparison. A practice offering at-home euthanasia is therefore free to add a line of its own, and some already apply a separate home visit fee to any treatment delivered at the home.

That does not resolve the difficulty, for three reasons.

Voluntary disclosure is not standardised disclosure. The remedy's value lies in every practice publishing the same defined services under the same headings, so that a pet owner can compare like with like. An item that some businesses add, under names of their own choosing, in positions of their own choosing, and others omit, cannot be compared across practices. It reproduces exactly the inconsistency the Price List Schedule exists to remove.

The mandated line remains misleading whatever is added around it. Article 7(1) still requires one figure against "Euthanasia". A practice that adds a separate home visit fee elsewhere on its list has still had to decide which service the mandated euthanasia figure represents, and a pet owner scanning the standard categories will still be comparing figures that mean different things at different practices.

Voluntary additions are least likely where they are most needed. A practice with no at-home provision has no reason to add the line, and a pet owner will not learn from that list that the option exists anywhere. Making the item standard, and permitting it to be left blank where not offered, turns the absence itself into useful information, consistent with the existing convention in Annex 1 that items without a price are not offered by that practice.

3.4 Why euthanasia, and not every other item on the Schedule

We anticipate the objection that almost any service on the Schedule could in principle be delivered at a pet owner's home, and that granting a home variant here invites the same request for the other thirty-five items. We think that objection is right in principle and does not apply here, and we should say plainly that **we are not asking the CMA to adopt a general rule that services delivered at home require their own line item.** We would oppose such a rule. It would lengthen the Schedule without assisting comparison.

Four features distinguish at-home euthanasia from, for example, a nail clip or a booster vaccination administered at the home.

It is a distinct service with its own providers and its own market. At-home euthanasia is not just an occasional convenience offered around the edges of premises-based work, though many practices do offer it that way. There are veterinary businesses in the United Kingdom whose primary activity is delivering it, and which compete with premises-based practices for that work. The CMA has recognised this form of provision in part (b) of the definition of First Opinion

Practice, which contemplates a First Opinion Practice consisting of mobile facilities and equipment rather than a building. That recognition exists because this mode of delivery has become a settled part of the market.

Location is a defining feature of the service, not an incidental one. For most items on the Schedule, where the service happens affects convenience. Here it determines what the service is: whether an animal spends its last hour in a car and a waiting room, or in its own home. That is the substance of what the owner is choosing between, and it is the reason the two variants command materially different prices.

The cost differential is structural. Travel, an extended appointment and frequently out-of-hours attendance are inherent to the at-home variant. This is not a small uplift on a common procedure; it is a different cost base, which is why a single figure cannot fairly represent both.

The comparison has to be made in advance, or it is unlikely to be made at all. Most services on the Schedule are encountered more than once, and an owner can form a view of what their practice charges over time and across visits. End-of-life care is decided once for each animal, and often at short notice once the moment arrives. Our research found that 86% of owners want a plan in place before that point, which is exactly the behaviour a standardised price list should support — but an owner cannot plan around, or compare, an option the list does not contain.

We should be explicit about our position here, since it bears on our commercial interest. We are not arguing that owners are unable to compare providers. We are arguing the opposite: we want them to, we encourage them to do it well before the decision is urgent, and a price list that includes at-home euthanasia would make that comparison easier and more accurate. Our interest and the remedy's purpose point the same way.

If the CMA wishes to confine any change to a single service, we would say euthanasia is the strongest candidate on the Schedule, and we do not press for more.

3.5 The evidence

In July 2025 Cloud 9 Vets commissioned Questions Matter, an independent research agency, to survey 400 UK dog and cat owners aged 35 and over, via the Dynata online panel. Full methodology, including limitations, is at Annex A. All figures below are whole-sample and combine "strongly agree" and "slightly agree" responses on a four-point forced-choice scale.

- **67%** agreed they had no idea a service existed that would come to the house to euthanise a pet (40% strongly, 27% slightly).
- **86%** agreed they would like to have a plan in place so that, when the time comes, it is "just a phone call away" (42% strongly, 44% slightly).
- **81%** agreed that, when the time comes, they would rather a vet visited their home than have to take their pet to the practice (48% strongly, 33% slightly).

- **87%** agreed it is hard to know when the time is right to say goodbye (55% strongly, 32% slightly).
- **84%** of respondents had owned at least one pet before their current pet. We do not draw from this that all had experienced euthanasia, which the survey did not establish, but it indicates a predominantly experienced group of owners rather than first-time owners answering in the abstract.

Two points follow. Owners overwhelmingly want to plan this decision in advance, and a substantial majority do not know that the at-home option exists. An owner cannot plan around, or choose, a service that does not appear on the price list they are being directed to consult.

This is consistent with the published literature on what owners expect of their veterinary practice at the end of a pet's life. Fernandez-Mehler et al., *Veterinary Record* (2013) 172(21):555 — a study of 2,008 respondents conducted in Switzerland, which we flag because it is not UK data — found that 88% of owners expected their veterinarian to discuss the pet's final destination, 38% expected that conversation early in the pet's life, and 81% identified the veterinarian as their primary source of information about the disposition of remains. We are not aware of an equivalent UK study, and we cite it as indicative rather than determinative. It supports the proposition that the veterinary practice is where owners look for end-of-life information, and that the price list is therefore the right place to carry it.

3.6 Proposed drafting change

In Schedule 1 and Annex 1, within Category 5 (End-of-life care), replace the single line item:

> Euthanasia

with:

> Euthanasia — at the practice
> Euthanasia — at the pet owner's home, including the travel time or distance from the attending practice or base that the price covers, and confirmation that the price applies to appointments during normal working hours, excluding public holidays

We note that this imposes minimal additional burden. Annex 1 already provides that "items without a price are not offered by this practice". A practice that does not offer at-home euthanasia would simply leave the line blank, which is itself information of value to the pet owner. Where a practice refers at-home euthanasia to a third-party provider, the same convention already applied to cremation services could be used.

We have framed the added item in the way the Schedule already uses for consultations, which state a standard appointment duration: where the meaning of a price depends on a condition, the condition is stated alongside it. Departures from those conditions would then fall to be

handled as supplements under Representation 3, quoted to the pet owner before the appointment is confirmed.

---

4. Representation 2 — cremation disclosure by nationally operating providers

4.1 The provisions

Article 7(2)(j) provides that where a veterinary business offers cremation services supplied by a third-party provider, it must include on its price list **both** (i) the price for those services, provided communally and individually, **and** (ii) a link to the webpage showing the price list for that third-party crematorium. Article 7(2)(k) requires that third-party fees relating to a service on the price list be included in the overall published price. Article 7(1) requires a single figure, not expressed as a range. Article 20(2) requires the business to offer a Basic Communal Cremation Service.

Annex 1 gives the same obligation in shorter form, requiring the name of the third-party provider and a hyperlink to that provider's website.

4.2 What the Order already accommodates

We should record what does not present a difficulty, so that the CMA can see our concern is confined.

Variation by pet weight is fully addressed by the standardised categories in Article 7(2)(c). Variation between communal and individual cremation is addressed by their being separate line items. Variation arising from optional extras — memorial items, particular caskets, choices about how ashes are returned — is addressed by the closing words of Article 7(2)(j), which exclude discretionary cremation add-ons from the price list. We support each of these and raise no objection to any of them.

4.3 The problem

Our difficulty concerns a fifth variable the Order does not address: **the region in which the pet owner lives.** It affects both limbs of Article 7(2)(j).

On identity. Cloud 9 Vets works with different crematoria in different parts of the country. Naming one provider on a national price list would be inaccurate for the majority of our clients and would mislead the pet owners the provision exists to inform. We support the requirement itself without reservation. An owner should know who will care for their pet's body, but for a nationally operating provider using multiple crematoria this cannot be answered truthfully with a single company name on the price list.

On price. The same fact defeats the first limb. Because Article 7(2)(k) requires the third party's fee to be included in the published price, and Article 7(1) requires a single figure, a national provider must publish one communal and one individual cremation price that holds everywhere. Where the underlying cost is a third party's and differs by region, that figure can only be produced by averaging. Averaging a pass-through cost means either that owners in lower-cost regions subsidise those in higher-cost regions, or that the published figure is set high enough to cover the most expensive region and therefore overstates the price for most owners. Neither produces the accurate comparison the remedy is designed to deliver.

We recognise the force of the objection that a national provider could simply absorb regional variation and quote one price. We have done exactly that for our own service: our at-home euthanasia price is uniform across the United Kingdom, banded only by weight. We mention this to show we are not resistant to the discipline the CMA is imposing. The distinction with cremation is that the varying element is not our cost to control but a third party's, which Article 7(2)(k) obliges us to pass through in full.

4.4 Proposed drafting change

We propose that a veterinary business which uses different third-party crematoria in different regions be permitted to satisfy Article 7(2)(j) as follows:

On price, by publishing communal and individual cremation prices by region, applying the same principle the CMA has already adopted in Article 7(2)(c) for pet weight — that where a cost driver varies systematically, the answer is standardised segmentation rather than a single averaged figure.

We recognise that defining standardised regional categories would be a substantial undertaking, since it would apply to every veterinary business in the United Kingdom in order to address a difficulty affecting a small number of nationally operating ones. We do not press for it if the CMA judges the cost disproportionate. Two narrower alternatives would resolve our difficulty at considerably lower cost, and we would be content with either:

- **A postcode or location lookup.** Permit a business that uses different crematoria in different areas to satisfy the price requirement by publishing, at the price list, a tool or table returning the applicable communal and individual cremation prices for the pet owner's location. The obligation to publish a price is preserved; only its presentation adapts.
- **Publication of the highest applicable price.** Permit such a business to publish the highest communal and individual price it charges anywhere in the United Kingdom, stated as such, on the basis that no pet owner would be quoted more than the published figure. This is the least favourable option to us commercially and we offer it to demonstrate that our objection is to inaccuracy rather than to disclosure.

On identity, by linking to a maintained page listing the crematoria used by region, which identifies the provider applicable to the pet owner's location **and routes through to that**

crematorium's own price list, so that the substance of Article 7(2)(j)(ii) is preserved rather than diluted. We note that the requirement in the Order is a link to the third party's price list, which is a more demanding obligation than the reference to the provider's website in Annex 1, and we suggest the two be aligned.

Neither proposal reduces the information available to a pet owner. Both increase its accuracy.

4.5 Supporting evidence

Cremation arrangements matter materially to owners, which is why accuracy here is a substantive concern rather than a technical one. In our 2025 research, **74% agreed they did not want their pet to be cremated with other people's pets** (45% strongly, 29% slightly). The choice between communal and individual cremation is therefore one most owners have a definite view about, and one they will be making at the same moment as the euthanasia decision itself. A price attached to that choice that is inaccurate for the region in which the owner lives is not a minor defect.

---

5. Representation 3 — non-clinical price variation in services delivered at the pet owner's home

5.1 The provision

Article 7(2)(d) requires that the price on a Price List represents what pet owners are typically charged, based on a standard case with minimal complexity, and includes any costs relating to a necessary component of the service. Article 7(2)(l) requires a caveat informing pet owners that prices may be adjusted upwards in more complex cases **based on clinical factors**. Article 7(2)(c) provides for separate display by species and weight where price varies on those measures.

5.2 The problem

The Order's mechanism for price variation contemplates two drivers: the clinical complexity of the case, and the species or weight of the pet. Services delivered at the pet owner's home have a third category of legitimate cost driver that is neither clinical nor related to the animal.

We offer our own published price list as evidence, since it illustrates the point better than argument. Cloud 9 Vets charges prices for at-home euthanasia banded by dog weight and ranging from £289 to £369, with separate prices for cats and for other companion animals. These prices do not vary by region. We mention this because it demonstrates that a single figure of the kind Article 7(1) requires is entirely achievable for a nationally operating home-visiting provider, and we would not wish the CMA to conclude otherwise.

Alongside that base price, we publish supplements for circumstances that fall outside a standard appointment: travel where the veterinary surgeon must journey more than twenty minutes to the address, same-day booking, bank holidays, and congestion or clean air zone charges where applicable. Every one of these is disclosed to the pet owner before the appointment is confirmed.

None of them is a clinical factor. The caveat permitted by Article 7(2)(l) therefore does not reach them. As drafted, a veterinary business in our position must either fold these contingent costs into the headline figure — inflating the published price for the large majority of pet owners who will never incur them — or omit them, and publish a figure that will sometimes not be what the owner pays. Neither serves the comparison the Order is designed to enable.

This is not a difficulty peculiar to Cloud 9 Vets. It arises for any veterinary business that travels to the pet owner, including general practices offering home visits alongside their premises-based work.

The supplements at issue here are contingent: they apply to a minority of appointments, depending on distance, timing or the pet owner's location relative to a charging zone. The published standard price cannot absorb them without overcharging the majority of owners who never trigger them, which is the outcome we are asking the CMA to help us avoid.

5.3 Proposed drafting change

We invite the CMA to adopt whichever of the following it considers most workable:

Preferred. Extend the caveat permitted by Article 7(2)(l) so that it covers defined, published, non-clinical supplements as well as clinical complexity — for example travel beyond a stated distance or duration, urgent or same-day booking, statutory road charging, and public holidays.

Alternative. Permit a veterinary business to publish, alongside and with equal prominence to the Price List, a short standing schedule of such supplements with each expressed as a fixed figure. This preserves Article 7(1)'s single-figure requirement for the mandated item while making the full cost visible and comparable.

Either approach keeps the headline price honest for the typical case and puts the contingent costs in front of the pet owner in a standardised form, which is what we understand the remedy to be for.

5.4 A note on weight categories

We record, for completeness, that the weight bands we currently use for at-home euthanasia do not align with the standardised categories in Article 7(2)(c). We will re-band our published prices to match the CMA's categories, and we raise the point only to confirm that we have considered the Order operationally rather than in the abstract.

6. Conclusion

We support the CMA's objectives in this market investigation and the principle of mandatory, comparable price information. Our three representations are narrow, and they share a common theme: the draft Order has been constructed around veterinary care delivered at a practice, and does not yet accommodate care delivered at the pet owner's home.

The first asks that the price list distinguish between two materially different services currently sharing one box, so that the comparability the remedy seeks is achieved for a decision most owners tell us they want to plan in advance. The second asks that the cremation obligations in Article 7(2)(j) — both the price and the link to the crematorium — be capable of accurate compliance by a business that necessarily uses different crematoria in different regions. The third asks that the Order provide a compliant means of expressing the non-clinical costs that arise when a veterinary surgeon travels to the pet, so that a published price can be both a single figure and an honest one.

None of the three disturbs the inquiry group's findings or the remedies the CMA has decided to implement. Each is directed at making those remedies work for a form of veterinary provision that is already established, that pet owners say they want, and that most of them do not yet know exists.

Annex A — Survey methodology and limitations

Commissioning body: Cloud 9 Vets **Research agency:** Questions Matter (independent third party) **Fieldwork:** July 2025 **Panel:** Dynata online panel **Sample:** 400 completed interviews

Eligibility criteria. Respondents were required to be resident in the United Kingdom, aged 35 or over, and a current owner of a dog or a cat.

Rationale for the age screen. The 35+ criterion was applied deliberately. Owners in this age range are more likely to have experienced the death of a companion animal and to have faced end-of-life decisions. The sample should therefore be described as representative of UK dog and cat owners aged 35 and over, and not of UK pet owners generally.

Quotas. Broad quotas were set on age and region to obtain a representative spread across those measures.

Achieved age distribution.

Age band	% of sample
35–44	34%
45–54	22%
55–64	25%
65–74	16%
75+	3%

Limitation, and its likely direction. Respondents aged 75 and over represent 3% of the achieved sample, or approximately twelve individuals. That is below their share of the UK population aged 35 and over, a recognised characteristic of online access panels, and the base is in any event far too small to support any analysis of that group separately. We make no claims about it.

We draw the CMA's attention to the shortfall because its likely direction is to make our findings conservative rather than favourable to us. Owners in the oldest age band are among the most likely to be facing an end-of-life decision, and among the most likely to find travelling to a veterinary practice physically difficult. Fuller representation of this group would, if anything, be expected to increase rather than reduce the reported preference for at-home care.

Prior pet ownership. 49% of respondents had owned three or more pets in their lifetime, 35% had owned one or two others, and 15% were living with their first pet.

Response scale. Questions were asked as agreement statements on a four-point forced-choice scale: strongly agree, slightly agree, slightly disagree, strongly disagree. No neutral midpoint and no "don't know" option were offered. Figures quoted in this response combine "strongly agree" and "slightly agree", and the component values are given in each case.

Statistical precision. For a sample of 400, the indicative margin of error at the 95% confidence level is approximately ±4.9 percentage points on a whole-sample proportion of 50%. As respondents were drawn from an online access panel rather than by probability sampling, this figure should be treated as indicative. Base sizes for individual questions are not available to us, and we therefore quote whole-sample figures only and make no subgroup claims.

Awareness measurement. The statistic that 67% of owners were unaware of at-home euthanasia derives from agreement with the statement "I had no idea that there was a service that comes to your house when its time to euthanise your pet". This is a prompted measure of prior awareness. We describe it throughout as the proportion who *agreed they had no idea*, rather than as a direct measure of unaided awareness.

Availability. The full question set and topline data are available to the CMA on request.

Commented [1]: This its in stead of it's is in the original deck, so i have not corrected it as this is a quote.