How to Open a VETERINARY Practice.com

The Playbook

Practice Development

January 2026

Opening a Veterinary Practice: The Team You Build, Their Roles, and the Pitfalls

Welcome

Thank you for picking up this edition of the Veterinary Practice Development Playbook. This article was inspired by the real, often painful situations we've watched doctors endure while opening their own practices—avoidable missteps, costly detours, and moments that were heartbreaking... and yes, sometimes just plain stupid. Too often, the industry tries to package practice ownership into neat checklists and step-by-step formulas, as if every doctor, site, and vision are the same. They aren't—and pretending they are is where things go wrong.

This piece exists to challenge that thinking and help you approach practice ownership with clarity, intention, and a plan that actually fits you.

-Enjoy

Featured Sponsor

ARMINCO INC
HEALTHCARE PRACTICE DEVELOPMENT

Arminco Inc. is a vertically integrated professional services partner helping healthcare professionals open and expand with confidence. With 20+ years and over 1,000 successful projects nationwide, we deliver certainty through tailored, integrated solutions. From concept to care, our hands-on team turns complexity into clarity so you can focus on what matters most — your practice.

-Happy New Year!

Opening a Veterinary Practice: The Team You Build, Their Roles, and the Pitfalls

By Artin Safarian, President of Arminco Inc.

Opening a veterinary practice is not just a business decision, it's a high-stakes build of a clinical system that has to work flawlessly on day one. Unlike many businesses, your "product" is delivered in real time under pressure: a dog in respiratory distress, a cat that needs emergency surgery, a nervous owner who has only one chance to trust you. And all of that depends on something most people underestimate: the facility itself, its layout, infrastructure, workflow, compliance, and the coordination behind it.

After two decades in this industry and more than a thousand practices opened and/or developed across healthcare environments, I can say with certainty: no two veterinary build-out projects are the same even when they appear identical. Most consultants will show you a checklist suggesting a neat, step-by-step path. That's not how successful projects unfold. In real life, everything happens at once: real estate negotiations overlap with financing, design overlaps with equipment, permitting overlaps with landlord approvals, IT overlaps with construction, and hiring overlaps with marketing.

The winners aren't the ones who "follow the steps."

They're the ones who know:

- which decisions must happen first (because they determine everything else),
- which can happen in parallel,
- which risks must be neutralized early,
- and which experts must be held accountable for outcomes—not just intentions.

This article lays out the essential players, what they do specifically in veterinary projects, a common pitfall for each, and real-world examples of how "self-proclaimed experts" can cost you months and tens of thousands of dollars if you are not careful. Then we'll cover the missing piece most practice owners fail to hire: the Project Manager / Owner's Representative, the role that can prevent chaos from becoming your normal operating system.

The Realtor:

Your realtor isn't just helping you "find a space." In veterinary, the realtor should be helping you select a clinical platform, a container that either supports your operations or fights them every day.

A veterinary-qualified realtor should help evaluate:

- Demographics and demand: pet ownership density, household income, competition, referral sources, and growth corridors.
- Visibility and access: ingress/egress for clients carrying animals, signage rights, parking ratios, traffic patterns, and safety.
- Use and zoning: permitted veterinary use, boarding/grooming allowances if relevant, noise/odor sensitivities, and municipal restrictions.
- Building constraints that matter more in vet than most medical:
  - slab depth for floor sinks and trench drains
  - waterproofing feasibility (treatment, laundry, kennel areas)
  - ventilation for odor, humidity, and heat (kennels and laundry are not "normal office loads")
  - electrical capacity for imaging, autoclaves, washers, dryers, heated recovery, dental units
  - roof access for exhaust and fresh-air requirements
  - ability to isolate spaces (infectious disease, aggressive animals, cat-only zones, etc.)

One common pitfall I see with realtors over and over is that they don't fully understand what a veterinary practice actually requires to operate, therefore, they don't understand the size that is required, so they rely only on the square footage the veterinarian thinks they need. The result is predictable: weeks (sometimes months) are wasted touring spaces that match the stated size, only to discover later, once workflow, equipment, kennels, treatment capacity, and code requirements are mapped out, that the space is too small for the clinic the owner is trying to build.

I once encountered a veterinarian who was working with a realtor and focusing exclusively on a 2,200-square-foot space. The doctor's clinical vision included four exam rooms and two surgery suites, as well as a dental area. Based on that mental math alone, he instructed the realtor to "find something around 2,200 square feet."

What neither the veterinarian nor the realtor initially accounted for was everything that makes a veterinary practice actually function. Once you layer in an X-ray room, treatment and prep areas, kennel and recovery space, staff lounge and lockers, reception and waiting, pharmacy and storage, mechanical rooms, circulation, and the required number of restrooms, the real space need was closer to 2,800–3,000 square feet, even before planning for future growth.

The team identified a space, entered into lease negotiations, and invested weeks of time and energy before this gap became clear. Only after preliminary layout studies did they realize the space simply could not support the operation the veterinarian envisioned. The deal collapsed mid-negotiation frustrating the Landlord, the bank and all other parties including the veterinarian himself.

By that point, the damage wasn't just logistical, it was psychological. The delay pushed the timeline back significantly, momentum was lost, and the veterinarian began questioning whether opening the practice was worth the level of involvement, uncertainty, and time commitment the process demanded.

The lesson is simple but critical: space planning must be driven by operational requirements, not by a number the owner guesses at early on. When realtors don't understand veterinary workflow, and when owners aren't guided through a proper needs analysis first, projects stall, confidence erodes, and avoidable delays turn what should be an exciting milestone into a source of frustration.

How should you interview a realtor to verify their expertise?

Ask for three recent veterinary clinic deals and have them explain the details of the deal such as:

- work letters and delivery conditions
- requested items for the Vet
- examples of negotiated TI increases tied to real construction needs
- the complications of the deal and how it got resolved

Ask the realtor how many years of experience he/she has in commercial real estate? And veterinary clinics? Make sure they understand that you want their personal experience and NOT their brokerage of experience.

Approximately 90% of doctors looking for spaces don't interview their realtor but rather just start working with them just because someone else they knew works with them. Remember, even though you are not paying your realtor, their fiduciary duty is you once you hire them. So, make sure you screen them properly to make sure they have your best interest in mind.

ARMINCO INC
HEALTHCARE PRACTICE DEVELOPMENT

The Comprehensive Source for Veterinary Practices

Operating since 1996

Design / Project Management
Construction / Dental Equipment

Start-Ups
Relocations
Expansions
Renovations

www.Armincoinc.com (703)430-6669

info@armincoinc.co

45449 E Severn Way, Unit 155,
Sterling, VA 20166

The Finance Officer / Lender:

Remember one thing when looking for financing. The loan isn't the product, the structure is. Most owners focus on the interest rate. In veterinary start-ups, the structure matters more than the rate.

A veterinary-savvy lender understands that your spend profile is front-loaded:

- construction and drawings
- imaging and in-house diagnostics
- kennel systems and laundry build-out
- IT and practice management software
- controlled drug storage/security requirements
- initial inventory (pharmacy, vaccines, supplies)
- hiring before revenue stabilizes
- marketing and launch costs

And they understand your revenue ramps over time: you're building reputation, reviews, retention, and referral momentum.

One common pitfall I see repeatedly occurs when banks ask doctors to "get some contractor bids" so the financing can be finalized. This request, while common, is fundamentally flawed. Any experienced lender should know that true construction bids cannot be produced without complete design and engineering drawings, and those drawings cost real money to create.

When a bank asks for "bids" at this stage, what they are effectively asking the doctor to do is spend their own money to hire an architect and engineers, finalize drawings, and prepare a project for competitive bidding before the loan is even approved. That puts the doctor in an unnecessarily risky position. To get real bids, the owner must often secure the space, retain design professionals, and invest months of time, all in the hope that the financing will ultimately be approved on acceptable terms.

The risk is obvious: what happens if, after all that effort and expense, the bank decides not to move forward, or offers terms that no longer make sense? The doctor is left holding sunk costs with no project and no leverage. That is not how responsible project financing should work.

What an experienced healthcare lender should ask for at this stage is a construction budget estimate, not bids. Budget estimates, prepared by qualified professionals using early planning information which are intended specifically for underwriting purposes. They provide a realistic cost range that allows the bank to evaluate the project without forcing the owner to prematurely commit capital. These numbers are not final bids, and they should never be represented as such.

The real problem arises when lenders casually use the phrase “get contractor bids.” Doctors take that language literally. They believe they are securing final numbers, and in many cases, they end up hiring a contractor based on what is essentially a rough projection or marketing estimate. When full drawings are later completed and true bids are obtained, the numbers almost always increase, leaving the owner frustrated, confused, and feeling misled.

Clear language matters. Banks should request budget estimates for qualification, and doctors should understand that true construction bids only come after complete drawings are finished. Confusing the two is one of the fastest ways to create unnecessary risk, delay, and disappointment at the very beginning of a project.

I was once brought in to mediate a serious issue on a veterinary project that stemmed directly from this misunderstanding. The doctor had been instructed by her bank to obtain “contractor bids” early in the process in order to finalize financing. Acting in good faith, she met with four contractors, selected one based on the information provided, and submitted that “bid” to the lender.

Using that early figure, the bank structured the loan assuming $430,000 in construction costs. They added a standard 10% contingency, bringing the construction allocation to $473,000. On top of that, the project required approximately $200,000 for equipment and cabinetry and $30,000 for IT infrastructure. The total loan amount approved was $800,000, which, on paper, left roughly $97,000 for working capital, opening expenses, and initial marketing.

From the doctor’s perspective, everything appeared to be in good shape. The numbers worked. The loan was approved. The project moved forward.

The problem surfaced later, when the design and engineering were finally completed and true, construction-ready documents were issued. At that point, the same contractor priced the project at $652,000 which included all the finishes selected, the real mechanical and electrical requirements, and the selected lighting package.

This increase wasn’t the result of greed or bad intent. It was the result of reality finally entering the process. The early “bid” had never been a bid at all, it was a projection made without full design, engineering, or coordination. No one had controlled
the number because, at that stage, no one was asked to.

By the time the true cost was known, the loan had already been sized incorrectly. Working capital evaporated on paper, contingency was instantly consumed, and the owner was forced into difficult conversations about scope reductions, additional financing, or delaying critical elements of the clinic. What began as a well-intentioned request for “bids” ultimately put the doctor in a far riskier financial position than necessary. This project at the time I was brought in, had to be value-engineered to drop the cost tremendously, which was accomplished, but about four months was lost.

The Attorney & The CPA:

Two of the most important professionals involved in opening a veterinary practice or any business, are the attorney and the CPA. Ironically, they are also two of the most misunderstood and most misused members of the team. These professionals are to be treated as advisors, not decision-makers.

Both roles are critical. Both protect you in different ways. And both can unintentionally put you at risk when their roles are confused or stretched beyond what they are trained, licensed, and insured to do. Remember, they are not you. They are not the business owner.

So, they should not be making decisions for the business or yourself, but rather give you enough information and knowledge and facts to make those necessary decisions.
I can't say this enough, but at their core, your attorney and your CPA are advisors, not operators. Their responsibility is to analyze risk, interpret facts, explain consequences, and report findings to you clearly, so that you, as the owner, can make informed decisions. They are not meant to replace your judgment, negotiate outside their scope, or act as surrogate project managers.

A savvy attorney should be focused on:

- Reviewing and negotiating legal language, not business strategy
- Protecting you through enforceable contract terms
- Identifying legal risk and exposure
- Ensuring lease, vendor contracts, and guarantees reflect what was actually agreed to
- Thinking through worst-case scenarios, not best-case assumptions

A savvy CPA should be focused on:

- Structuring entities properly
- Modeling cash flow and debt service realistically
- Advising on depreciation and tax strategy
- Interpreting financial data and explaining implications
- Helping you understand what the numbers are telling you, but not what decision to make

In both cases, their job is to inform your decisions, not make them for you.

One of the most frequent issues I see is veterinarians asking these professionals to do things that are simply not their job.

I've seen:

- Veterinarians ask their attorney to negotiate directly with the equipment dealer or the contractor
- Veterinarians ask their CPA whether they should expand, relocate, or build a new clinic
- Veterinarians defer major business decisions because "my CPA said it was okay" or "my attorney told me to do it this way"

This is not how these roles are meant to function, and it often leads to poor outcomes.

An attorney negotiating with a contractor or equipment company is negotiating without technical construction or equipment knowledge. They don't understand workflow, mechanical coordination, installation sequencing, or pricing norms. They are negotiating language, not performance. And if they negotiate this for you, you wouldn't know what was discussed and what your expectations of the performance should be for these companies and/or services.

A CPA advising whether you should expand is making a strategic business recommendation based on historical numbers alone. CPAs are trained to evaluate financial statements, not to assess: operational bottlenecks, market saturation, staffing realities, facility constraints, brand positioning, and growth runway. These decisions require cross-disciplinary input, not a single numerical lens.

The correct way in using these professionals for your benefits are, instead of asking:

- *"Can you negotiate this for me?"*
- *"Should I expand?"*

You should be asking:

- *"What risks do you see in this contract if things go wrong?"*
- *"What does this decision do to my cash flow in months 6–18?"*
- *"How would this impact my ability to sell or bring on a partner later?"*
- *"What assumptions are baked into these numbers that I should be aware of?"*

This is the critical distinction.

Your attorney and CPA should illuminate risk, tradeoffs, and consequences, not act as decision makers or negotiators outside their lane.

Furthermore, understand who you are hiring, when hiring within these professionals. For example, many doctors are not aware that the attorney hired to review your lease may have never stepped into a courtroom.

Many attorneys who review commercial leases do not practice litigation. Some have never litigated. Why may this matter to you?

Because the true test of a contract isn't how it reads when everyone is cooperative. *It's how it holds up when there's a dispute.*

Litigation-trained attorneys read contracts differently. They ask:

- "How would this clause be argued in court?"
- "Is this language enforceable—or just decorative?"
- "Does this protect the client when timelines slip, money is withheld, or obligations aren't met?"
- "What leverage does the landlord actually have versus the tenant?"

A "paper-only" attorney may redline rent escalations and deposits but miss the clauses that matter most when things break:

- indemnification
- casualty
- force majeure
- landlord default remedies
- construction delay penalties
- TI reimbursement mechanics
- assignment and transfer language

I've seen attorneys draft or approve lease language that their own litigation colleagues later questioned because it simply wasn't written with real-world enforcement in mind.

This doesn't mean non-litigation attorneys are bad. It means veterinarians need to understand what kind of attorney they are hiring and why, so that they can manage their expectations properly when the time comes.

The CPA Trap: When Numbers Become the Decision

CPAs are trained to analyze numbers, not vision. That training is invaluable, but incomplete.
A CPA might look at an expansion and say:
• *"The numbers support it."*
• *"The cash flow pencils."*
• *"The tax benefits are favorable."*

All of that may be true, and still lead to a bad decision, because what the numbers don't show are: staff burnout, operational inefficiencies, facility constraints, referral dependency, client attrition risk, cultural misalignment, hidden CapEx, and lease limitations to name some.

I've seen veterinarians expand because the CPA said it made sense financially, only to discover later that the facility couldn't scale, staffing couldn't keep up, or the lease blocked meaningful improvements.

The CPA didn't do anything wrong. They answered the question they were asked, the problem was asking them the wrong question.

So, let's look into the proper chain of decision-making.
Here is a hierarchy successful owners should follow:

- You, the owner, define vision, goals, and risk tolerance
- The Project Manager integrates technical, operational, and financial inputs
- The CPA explains financial implications and cash-flow impact
- The Attorney identifies legal risk and enforceability
- You make the final decision with full visibility

When this order is reversed and when owners outsource decisions upward instead of gathering information inward, projects drift, accountability blurs, and mistakes multiply.

Your takeaway from this section should be that your attorney and CPA are indispensable, but they are not substitutes for leadership. They are not negotiators of business terms, nor are they arbiters of expansion strategy. They are not to be acting as your project managers.

They are valuable expert advisors whose job is to tell you the truth about risk, exposure, and consequence, so that you can make decisions with clarity instead of delegation by default. Veterinarians don't get into trouble because they ignore advice.

They get into trouble because they ask the wrong people to make the wrong decisions for them.

I was once brought into a project involving the purchase of an existing veterinary practice that, on paper, looked like an excellent opportunity. The practice showed solid historical revenue, consistent profitability, and what appeared to be room for growth. The veterinarian relied heavily on two trusted advisors, their CPA and their attorney to help evaluate the deal.

The CPA reviewed the seller's financials, normalized the numbers, and concluded that the acquisition "made sense." Cash flow supported the debt service, tax treatment was favorable, and the purchase price aligned with industry benchmarks. Encouraged by this analysis, the doctor felt confident moving forward.

At the same time, the veterinarian asked their attorney to handle negotiations beyond the legal documents. In addition to reviewing the purchase agreement and lease assignment, the attorney was asked to communicate directly with the landlord to evaluate the existing lease.

When I was brought in way late in the game, I realized no one had stepped back to evaluate the full operational reality of the practice being acquired.

Critical questions were never properly asked:

- How functional was the existing layout for the buyer's clinical style?
- What capital expenditures were actually required to modernize the facility?
- Did the lease allow for meaningful renovation or expansion?
- Were key revenue drivers tied to the selling doctor personally?
- How much deferred maintenance existed behind the walls?
- Would equipment upgrades trigger electrical, HVAC, or plumbing upgrades the tenant would have to fund?
- Did the lease allow proper assignment language, not only for the doctor to purchase the practice now, but also for when he is ready to sell the practice in the future?

Each professional evaluated the deal through a narrow lens. The CPA focused on historical numbers. The attorney focused on contract language. The seller emphasized upside. No one integrated facility, lease, equipment, and operational constraints into a single, realistic picture. Furthermore, this practice had an office manager who was there for twenty years and was practically the heart and soul of the practice and the way it was operating. What no one evaluated or expected was that the office manager was to be relocating to another state within the next four months.

The consequences surfaced immediately after closing.

As I was brought in to evaluate, we discovered that much of the equipment was nearing end of life and incompatible with modern workflows. The IT infrastructure was outdated and unreliable. The layout created treatment bottlenecks that limited throughput, even the office manager who was there for twenty years making things work explained that this has been a consistent major complaint of hers. Even worse, the lease, while legally sound, contained no tenant improvement allowance on assignment and required landlord-mandated upgrades before any renovations could occur.

The estimated cost to “bring the practice up to standard” exceeded $250,000 within the first year, which according to the CPA the doctor could not afford to make these corrections. This capital had never been included in the acquisition model.

When the doctor returned to their advisors, the answers were technically correct, but practically useless. The CPA pointed out that the numbers they reviewed were accurate at the time of purchase. The attorney confirmed that the lease language clearly placed upgrade responsibility on the tenant. Neither had done anything wrong. They had simply been asked to do too much, and asked to make judgments outside their professional scope with lack of the doctor’s involvement.

The failure wasn’t the acquisition itself. It was the absence of integrated analysis before the purchase. Had the right person / professional been involved early, the facility condition, lease constraints, equipment life cycle, and real CapEx requirements would have been identified before the deal closed. The buyer could have renegotiated price, secured seller concessions, requested landlord TI, or walked away entirely.

Instead, the veterinarian inherited a practice that worked for the seller, but not for the future without making major changes.

WHOOPS! IT CAN HAPPEN TO YOU...

Podcast Link

Pitfall One:

Contractor Missteps: The GC underestimated labor and material needs, leaving exam rooms incomplete when the first patients arrived.

The Takeaway:
Vet your contractors thoroughly and clarify deliverables to keep your timeline and budget intact.

Pitfall Two:

Business Plan Blunders: A practice opened without realistic revenue projections, resulting in cash flow issues two months in.

The Takeaway:
Build a solid business plan to guide financial and operational decisions from day one.

Pitfall Three:

HVAC Headaches: Treatment rooms were too hot or cold because the HVAC layout didn't account for equipment heat load.

The Takeaway:
Confirm mechanical systems early to protect patient comfort and equipment performance.

Pitfall Four:

Space Shortages: Isolation and storage areas were overlooked, forcing cramped workflows and mid-project layout changes.

The Takeaway:
Plan your space for current needs and future growth before construction begins.

The Veterinary Equipment Dealer:

Veterinary equipment dealers are often among the earliest professionals brought into a project, and understandably so. Equipment decisions influence nearly everything: room sizes, power loads, plumbing locations, ventilation requirements, cabinetry integration, and clinical workflow. A good equipment dealer can add tremendous value, when their role is clearly defined. Most equipment dealers want to take the lead of the project and dictate how your project progresses without having the skill set to do so.

At their best, equipment dealers should function as clinical advisors and suppliers, not project leaders.

Their job is to:

- Understand your clinical vision and service mix
- Help determine what equipment is required to operate safely and efficiently
- Discuss future growth so infrastructure can be sized appropriately
- Explain brand differences, maintenance implications, and upgrade paths
- Provide accurate technical requirements to designers and engineers

Where projects begin to unravel is when equipment dealers attempt to manage the overall process. This will create a very cookie-cutter approach to things.

Most dealers want to stay deeply involved, and that's not accidental. They are commission-based sales professionals. Staying involved helps protect their sale, reduce installation issues, and ensure their equipment is accommodated. That involvement can feel helpful early on, but it comes with structural limitations owners must understand. Because equipment people are so sales driven, their biggest flaw is that they fail to communicate with other professionals such as the designer of the project and the contractor of the project.

Once a project includes:

• equipment purchased from multiple vendors
• IT systems outside the dealer's scope
• custom millwork not supplied by the dealer
• imaging, specialty equipment, or third-party systems

The dealer's ability, and incentives to coordinate drops sharply. You may think you have an expert that is looking out for your project, but if you are not purchasing from them, they are not fully involved.

Another uncomfortable truth: because equipment dealers manage many clients simultaneously, attention is often front-loaded. Early conversations are thorough and responsive. Once selections feel "mostly locked," or once the dealer senses uncertainty or price shopping, guidance often becomes less proactive. This isn't personal, it's the reality of a commission-driven business model.

A common breakdown I see occurs when veterinarians allow the equipment dealer to create the initial layout simply because the majority of the equipment is being purchased from that dealer. On the surface, this feels efficient. The dealer knows their products, understands room adjacencies, and can quickly generate a workable plan.

The problem arises the moment the scope changes, which it almost always does.

Imagine this scenario: the equipment dealer completes the layout assuming they are providing all major equipment, including imaging. That layout is then handed off to the project designer to develop full construction drawings. During this process, the veterinarian later decides to purchase imaging equipment from a different vendor, perhaps due to pricing, technology, or long-term service considerations.

At that point, the original dealer has no incentive, and often no obligation to annotate the layout to reflect that they are no longer providing the imaging equipment. No notes are added. No warnings are issued. From the designer's perspective, nothing has changed, therefore, the designer proceeds under the assumption that the original imaging specifications still apply.

Only later, sometimes weeks or months into design does it become clear that the selected imaging system requires different room dimensions, shielding requirements, power loads, ceiling heights, or equipment clearances. Now the imaging room must be resized or relocated affecting adjacent spaces/rooms. This means the plans would have to be all adjusted causing delays and additional costs to the project. All of this could have been avoided with clear role boundaries and centralized coordination.

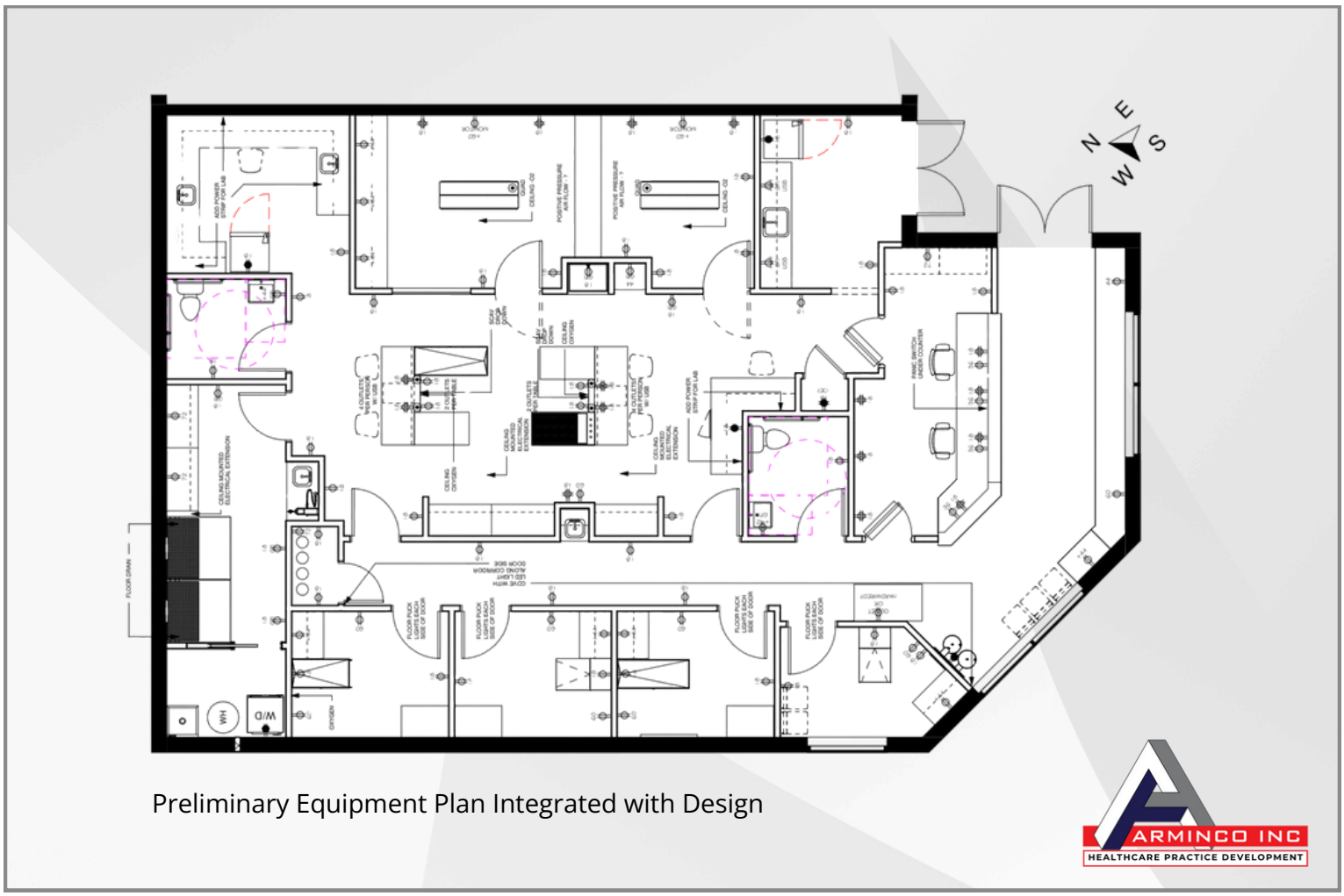
I was once brought into a veterinary project where exactly this scenario played out. The equipment dealer had created the initial layout and assumed responsibility for all major systems. Mid-design, the owner chose a different CBCT and digital radiography vendor after discovering better long-term service and upgrade options.

The problem? The original layout had been designed around the dealer's imaging specs. The new equipment required a larger room, and additional power. By the time the discrepancy was discovered, architectural drawings were already well underway and engineering had been partially completed.

The imaging room had to be relocated, which pushed into treatment space. Treatment rooms had to be resized. Electrical and mechanical plans were revised. The city required resubmittal. The project lost over six weeks and incurred tens of thousands of dollars in redesign and soft costs none of which added value to the final clinic.

No one acted negligently, in fact, each party simply stayed within their own scope. The failure was assuming that a sales-driven role would naturally manage downstream coordination across vendors.

This is precisely why layouts should be developed under the direction of a Designer or Project Manager who is independent of sales incentives, and why all scope changes, no matter how small they seem, must be centrally tracked and communicated. Without that oversight, even minor shifts in vendor selection can ripple into major delays and avoidable expenses.



Preliminary Equipment Plan Integrated with Design

The IT Company:

In a modern veterinary practice, IT is not a support function, it is the central nervous system. Imaging, practice management software, lab analyzers, payment systems, phones, reminders, security cameras, and even music and TVs all depend on a properly designed network.

Veterinary IT must be:

- fast enough to handle large imaging files
- reliable enough to avoid clinical downtime
- secure enough to protect client and payment data
- scalable enough to grow with the practice

IT planning must begin during design, not after construction. Data drops, server locations, rack ventilation, conduit pathways, and power conditioning all need to be coordinated before walls are closed.

Two areas that I see consistently underestimated are maintenance & support, and Cybersecurity.

Veterinary clinics simply cannot afford long outages. A proper IT provider should offer:

- a defined maintenance program
- guaranteed response times
- proactive monitoring
- routine system updates
- documented backup and restore testing

Veterinary practices may not be HIPAA-covered entities, but they still store sensitive data and ransomware does not care about regulatory classifications. Clinics are increasingly targeted because they often lack enterprise-grade defenses.

One recurring issue I see in veterinary projects is the underestimation of the value and complexity of a proper IT system.

I believe this often stems from the fact that most people today consider themselves reasonably tech-savvy. We set up home networks, troubleshoot devices, and manage software daily, so it's easy to assume that a veterinary practice's IT needs are simply a larger version of the same thing.

That assumption is costly.

Many veterinarians believe they can "figure it out" themselves or lean on a well-meaning family member such as a spouse, sibling, cousin, or friend who is good with computers. And to be fair, that approach may work for a home office or a small side business, but a veterinary practice is not the same.

When something goes wrong in a clinic, it's not just inconvenient, it disrupts patient care, staff workflow, imaging, payments, and client communication. The last thing a clinician should be doing is troubleshooting network failures while patients are on the table and staff are waiting for systems to come back online. Even for professionals who understand IT, it can be frustrating, time-consuming, and mentally exhausting.

I once referred three veterinary-experienced IT companies to a doctor who was building a new practice. Each proposal came in around $47,000, covering computers, servers, networking, speakers, cameras, security systems, and full clinic integration.

Shortly afterward, the doctor called me to explain that a company referred by his cousin who worked in IT had provided a quote of only $22,000. He asked me to help him understand why there was such a large price difference.

I told him honestly that I didn't know the other company, but I was confident that at that price point, key components were likely missing—whether redundancy, proper network segmentation, backup systems, cybersecurity measures, or clinic-grade hardware.

I told him that if he understood the risk and was comfortable with it, then it was his decision to make.

Unfortunately, *the risk materialized.*

Midway through construction, the IT company disappeared. Phone calls went unanswered and emails were not being returned. The cabling had been roughed in, but termination, configuration, testing, and system setup were never completed. At first, the doctor wasn't overly concerned because he had only paid $15,000 to that company at that point. However, that confidence didn't last.

As opening approached, he contacted the original IT firms I had referred. Two refused to even assess the project, explaining that they could not warranty or troubleshoot another company's unfinished work and would need to start from scratch. The third agreed to step in but now priced the project at $62,000, significantly higher than their original proposal.

When the doctor called me again, he was understandably frustrated. *But the lesson was clear.*

The original IT quotes weren't expensive, they were complete. They included planning, accountability, documentation, security, testing, and long-term support. The lower number didn't save money; it deferred cost, increased risk, and eliminated accountability.

In a practice, IT is not an accessory, it is infrastructure. And infrastructure is not the place to gamble.

The General Contractor:

In the commercial construction world, the General Contractor's role is actually very clear and very well defined: *The General Contractor builds what is drawn and described on paper.*

That clarity, however, often gets distorted in veterinary projects most of the time, especially startup-driven remodels, where owners understandably lean on "experience" as a proxy for leadership. Yes, a contractor's experience matters. But how it matters is frequently misunderstood.

An experienced veterinary General Contractor brings value because they understand how veterinary spaces function. They know the difference between a treatment room and a surgery suite. They understand kennel exhaust requirements, wet areas, durable finishes, imaging constraints, and how veterinary operations differ from standard office build-outs. That experience allows them to:

- interpret drawings more efficiently
- anticipate coordination issues between trades
- price projects more accurately when drawings are complete
- suggest cost-effective alternatives after scope is defined by evaluating the drawings

What that experience does not mean is that the contractor should design the project, define the scope, or be selected based on conceptual layouts, preliminary floor plans, test-fits, or preliminary numbers.

Unfortunately, many people in the industry overextend the meaning of "experienced GC" and give contractors far more power and emphasis than their role is meant to carry.

One of the most common and costly mistakes veterinarians make is believing that an experienced General Contractor can accurately price a project without a full set of architectural and MEP (mechanical, electrical, plumbing) engineering drawings. It is a dangerous misconception to think a contractor can accurately price out the project without a full set of construction documents or drawings.

Without construction documents, what contractors provide are budgetary guesses, not bids. These numbers are inherently unreliable, incomplete, and often misleading. *So why do contractors agree to price projects without drawings?*

The answer is simple: *to win the job.*

Construction pricing is not tangible. When scope is undefined, there are dozens, sometimes hundreds of variables left open to interpretation. Contractors know that when owners compare numbers, they tend to focus on the lowest price. And contractors also know that:

- full drawings will eventually be required
- engineering will inevitably increase scope
- pricing can be "adjusted" later and justified

In other words, a low preliminary number is often a strategic placeholder, not a real commitment by the Contractor. Conversely, when you sign their contract at that lower number, you are committed to them doing the work even if the number changes due to the final construction drawings.

A simple analogy of this is when buying a car without specs

Think of construction pricing the same way you'd think of buying a car, if the car did not exist and you were building from scratch. In other words, you are not selecting a car and asking for its price. You are simply building a car from scratch.

Imagine walking into a dealership and saying:
"I want an SUV". And the only criteria you give is that it should be black.

That description could represent anything from a $40,000 basic model to a $400,000 luxury performance vehicle. Why would the salesperson price you the $400,000 option if they knew you were comparing prices with others? They wouldn't.

They would anchor you to the lowest possible number, get you emotionally invested, and then start adding options:

- engine size
- engine type
- horsepower
- drivetrain
- wheels
- interior packages
- exterior packages
- etc.

By the time you finalize the "details," the price has changed dramatically, but now you're already committed to the sales guy and the price of the car you want and designed is what it is.

Construction works the same way. The difference is that many owners don't realize it's happening.

Instead of hiring an architect and engineer to define the project, many veterinarians:

1. hire a contractor first
2. accept preliminary budgetary numbers as actual "bids"
3. emotionally commit to the contractor
4. then proceed to designing the project

This is a backwards process. At this point, the contractor is effectively locked in, and true competition is gone.

I once received a call from a veterinarian who was comparing two General Contractors for a new project. She proudly told me she had already collected “bids” and was leaning toward the more expensive contractor because, in her words, “their designs look better.”

That statement alone told me everything.

I explained to her very carefully that:

- contractors do not design projects, they follow design to build
- the numbers she had were not bids, but budgetary numbers based on experience
- and she was comparing incomplete information and making decisions based on incomplete and misleading information.

At first, she didn’t like what I was saying. She thought I was trying to sell her something or undermine the process she had already started.

So instead of arguing, I asked her to show me examples of veterinary clinic designs she liked from a sample list of 30 projects that I showed her. She selected one.

I then proposed a simple exercise:
“Let’s assume this exact design is your new clinic. Let’s take the full, complete set of the drawings for this project and ask both contractors to bid it, as if this is what you are going to build in your space.”

She was hesitant. Skeptical. Maybe even a little defensive. But she eventually agreed, perhaps to prove me wrong.

When the bids came back, the difference between the two contractors was less than $15,000. At that moment, everything clicked for her.

I explained that both contractors were capable of building the same design, to the same standard, within a similar price range.

Now, the decision could be made on what actually matters for her:
• quality of workmanship
• schedule reliability
• timing of the project in relation to contractor’s
• subcontractor relationships
• reputation
• communication style
• trust

Not imagined design ability. Not misleading preliminary numbers.

That veterinarian later told me it was one of the most eye-opening moments of the entire process.

So, what is the correct way to use a GC? A General Contractor's value is maximized when: the project is fully designed, the scope is clearly defined, engineering is coordinated, and bids are "apples-to-apples".

At this point, an experienced veterinary GC will: price the work accurately and according to the design specifications, identify inefficiencies or ambiguities in the drawings and notify to clarify them, suggest cost-effective alternatives, manage trades/subcontractor's effectively, and execute the project as designed. This is their strength. This is their lane.

Selecting a contractor before defining the project doesn't save time or money, it removes leverage, increases risk, and almost always leads to budget surprises later. It is clearly a backwards way of doing things.

In veterinary construction, the goal is not to find a contractor who can "figure it out." The goal is to define the project clearly, then hire the contractor best suited to build it.

Experience matters. But only when it's applied at the right time, in the right role, and under the right structure. So, before selecting and committing to a contractor, hire a proper designer/architect to define the project in detail.

Designed By:

The Architect / Designer:

For reasons that are hard to explain, but easy to observe, many people in the veterinary industry have learned to downplay the value of drawings. They treat design documents as a bureaucratic requirement, something needed only for the county or permit process. As a result, they resist paying for good drawings, assuming they add little value beyond getting a stamp of approval. Nothing could be further from the truth.

In reality, the drawings are the single most important component of your entire project. They are not paperwork. They are not decoration. They are the instructions that determine what gets built, how it gets built, how much it costs, and who is responsible when something goes wrong.

The moment you underinvest in drawings, you unknowingly hand full control to the contractor to interpret scope, define materials, make assumptions, and price the work however they see fit. And once construction begins, it is the drawings, not conversations, emails, or intentions that everyone refers back to.

If there is a dispute, a delay, or a cost overrun, the first question is always the same:

“What do the drawings say?” So, why does detail matter? And what “Drawings” actually mean?

When we talk about “drawings” or “construction documents,” many veterinarians think of a single floor plan. In fact, roughly 70% of the veterinarians who come to me say something like:

“We already have drawings. Can you price the construction?”

What they usually hand me is a floor plan. A floor plan is not a set of construction documents.

A floor plan shows where rooms are, not how the building is constructed. It cannot be priced accurately, and it cannot be built without massive interpretation.

A complete set of architectural and engineering drawings includes:

- Detailed architectural plans (wall types, assemblies, elevations, sections)
- Reflected ceiling plans and lighting layouts
- Insulation and sound attenuation details
- Egress plan and life safety
- Accessibility plan
- Door, frame, and hardware schedules
- Finish schedules (flooring, wall finishes, millwork, etc.)
- Mechanical (HVAC) drawings
- Electrical drawings
- Plumbing drawings
- Equipment coordination
- Engineering calculations and specifications

These documents tell contractors exactly how to build the space leaving less room for assumption, interpretation, and cost manipulation.

The more detailed the drawings, the more predictable and typically more cost-effective the construction becomes.

Yes, detailed drawings cost more upfront. But the savings they create during construction dwarf the additional design fee. Ask yourself this simple question: Would you rather pay $60,000 for thorough, coordinated drawings and end up with a $400,000 construction cost, or, $30,000 for incomplete drawings and end up with a $550,000 construction cost?

Most people hesitate at the design fee because it comes first. Construction comes later. That timing illusion leads owners to gamble with the largest line item of the entire project, the build itself, without realizing it. This happens because people don't know what they don't know.

Another common mistake is hiring a designer who focuses only on aesthetics and basic flow. These designers often produce beautiful layouts and renderings and confidently say: "This drawing has everything except it's not for permits."

That statement should raise immediate concern. A drawing that is "not for permits" is another way of saying:

- it lacks architectural details required
- it lacks engineering coordination and details required
- it leaves critical decisions unresolved
- it lacks accountability and responsibility
- it lacks value engineering

In practice, this can be worse than having no drawings at all because now you've paid for design, but you still don't have documents that contractors can price accurately or build from. Once again, you are relying on the contractor to fill in the gaps.

I once received a call from a veterinarian in Florida who was extremely concerned about her project. She had hired a designer who produced a visually attractive plan with a clean layout and strong aesthetic appeal. Based on those drawings, she solicited bids from four contractors. Every bid came back well over her budget.

Naturally, she assumed the project was no longer feasible.

When I reviewed the drawings, the issue became immediately clear. The design itself was not bad but the drawings did not explain how to build what was shown. There were no architectural details, no wall assemblies, no ceiling coordination, and no mechanical, electrical, or plumbing engineering.

Each contractor had been forced to guess. And when contractors guess, they protect themselves by pricing conservatively, often expensively.

I explained to her that the contractors were not overcharging, and the project was not inherently too expensive. It's simple, the drawings were incomplete. The solution was value engineering, not cutting scope blindly, but completing the drawings properly.

She hired a qualified healthcare designer to finish the architectural documentation and fully coordinate the MEP engineering. Once that work was completed, she rebid the project. The result? Her construction cost dropped by more than $120,000.

She ultimately chose to go with a different contractor not because the original ones were dishonest, but because trust had already eroded. In reality, the contractors had simply priced uncertainty. If anything, the real loss occurred earlier:

- she overpaid for drawings that couldn't be built from
- she lost four months waiting for design work that had to be redone because it was incomplete

A strong veterinary architect or designer does far more than make a space look good. They:

- translate clinical vision into buildable reality
- coordinate all engineering disciplines
- anticipate construction cost implications early
- eliminate ambiguity before bidding
- protect the owner from scope creep and pricing games

Good drawings don't just help you build, they protect you. In veterinary construction, design is not decoration. It is strategy, risk management, and cost control on paper. If you control the drawings, you control the project.

Remember that at its core, the drawings are the foundation of what you are about to build. Without proper, coordinated construction documents, you are not executing a plan, you are just improvising. Building a veterinary practice without detailed drawings is no different than taking a long trip without knowing your destination.

You may start moving, you may spend money along the way, and you may even feel productive, but you have no clear roadmap, no reliable way to measure progress, and no certainty that you'll arrive where you intended. In construction, that lack of planning doesn't just cause inconvenience; it creates confusion, cost overruns, delays, and finger-pointing.

The drawings are the roadmap that aligns every professional involved including the contractor, engineer, inspector, and vendor around a single, agreed-upon vision of what is being built and how it is supposed to be built.

The Most Important Player You Probably Won't Hire: Project Manager / Owner's Representative

This is the missing piece that turns chaos into control. If there's one hire that separates smooth openings from expensive delays, it's the Project Manager (PM) / Owner's Representative. This is the role most owners don't budget for then later pay for anyway in delays, change orders, missed details, and decision fatigue.

A veterinary start-up is not just a construction project. It's a multi-system launch:

- real estate negotiation
- design and engineering
- permitting and landlord approvals
- contractor bidding and build
- equipment procurement and coordination
- IT, low voltage, security, phones
- millwork fabrication
- lender draw controls
- staffing plans and opening timeline
- marketing launch cadence

Every vendor has their own scope. Every vendor has their own incentives. And every vendor assumes someone else is coordinating the "in-between." Those "in-between" zones are where projects blow up. That's what the PM owns. Remember one thing, ***if you do not have a PM for your project, then you are acting as the PM of the project.***

A PM is not a consultant. A consultant simply gives advice without any accountability. A PM, however, runs the operation. This is not your practice manager. A practice manager runs your clinic operations after opening. A PM runs the complex build and launch before opening.

A PM is not your contractor. The contractor builds what's drawn. A PM makes sure what's drawn is correct, buildable, coordinated, and aligned to budget and timeline before it gets built wrong.

Pilot and Air Traffic Control analogy is the easiest way to understand the correct scope of the PM. You can have the best experts in the world and still fail if nobody is controlling the airspace.

Pilots are highly trained, and know how to fly. They can land in bad weather and they can navigate complex systems. But without air traffic control, without someone sequencing movement, preventing conflicts, managing priorities, and coordinating the shared environment, disaster becomes more likely. That is exactly what happens in a veterinary build when there is no PM. If there is no PM, there is no Air Traffic Control.

Your architect designs.
Your GC builds.
Your equipment dealer specifies equipment.
Your IT vendor runs cables.
Your landlord has rules.
Your lender has draw requirements.
Your city has permitting cycles.

They're all "pilots" flying their own aircraft. The PM is air traffic control: coordinating the shared airspace, sequencing decisions, preventing collisions, and keeping everyone on schedule to land safely on opening day.

If you don't like the Air Traffic Control analogy and want something different, let's look at the Conductor analogy. A symphony can be full of world-class musicians. Each one knows their instrument. Each one is brilliant.

But without a conductor, timing drifts. Volume clashes. Entries overlap. The performance becomes chaos.

That's the job of the PM: conducting experts who are individually skilled but collectively unaligned without leadership.

An Expert PM/Owner's Rep will:

- Translate your business goals into scope, budget, and timeline that vendors can actually execute.
- Build a decision sequence so you don't make expensive choices out of order (e.g., finalizing drains after slab constraints are discovered).
- Run value engineering before bids, not after change orders.
- Create apples-to-apples bid packages so contractors can be compared fairly.
- Coordinate design + engineering so the drawings actually match reality (MEP conflicts are where budgets go to die).
- Manage the vendor interfaces:
  - equipment requirements vs. MEP loads
  - IT pathways vs. wall closures
  - millwork shop drawings vs. field conditions
  - landlord requirements vs. construction schedule
- Control change orders: not "approve or deny," but prevent the ones that come from avoidable mistakes.
- Track lender draw requirements and protect contingency funds from being quietly eaten alive.
- Run weekly coordination meetings and produce action lists so decisions don't disappear into email threads.
- Ensure inspections, closeout docs, warranties, and punch lists are handled so you don't open with unfinished problems.

In veterinary clinics, PM impact is even bigger because the build is more technically demanding than most medical offices:

- Floor drains and waterproofing details must be correct (one bad detail becomes mold, odor, and repairs).
- Kennel/laundry exhaust and make-up air must be engineered properly (or you'll fight humidity and odor forever).
- Sound control matters more than most owners expect (barking + anxious pets + stressed owners).
- Isolation strategy isn't optional anymore (infectious disease protocols, cat-only strategies, fear-free design).
- Equipment planning affects clinical throughput (treatment-to-surgery adjacency, prep/recovery logic, sterile workflow).
- IT planning must be embedded in construction (you can't "add it later" without rework).

A PM doesn't just "keep the schedule."
They protect the clinical function of the building.

A project I got involved with had hired a practice consultant and believed that this consultant was acting as the PM. The consultant helped with planning, but didn't manage interdependencies.

The designer needed equipment specs to finalize drawings.
The equipment vendor provided incomplete information.
The GC waited for permit-ready drawings.
The landlord needed approvals tied to the drawings.
The lender needed a construction contract for final underwriting.

Everyone was working. Nobody was leading. Weeks became months. The drawings stalled. The build start slipped. The opening date moved. The rent clock started. Carry costs grew. The owner got crushed because the "management" wasn't management. It was advice without execution.

When a real PM stepped in, the confusion stopped because the PM did what leadership does:

- clarified deliverables
- set deadlines
- forced alignment
- and held each party accountable to the next dependency

Unfortunately, this is the harsh truth most owners learn late. If you don't hire a PM, you become the PM, but without the tools, time, or leverage. Owners underestimate the required hours it takes to manage, because they think PM work is "checking in." It isn't. It's way more than that which includes:

- reading drawings for coordination conflicts
- knowing what questions to ask before bids go out
- understanding how permitting timelines truly work
- anticipating where trades collide
- managing scope boundaries so vendors don't leave gaps
- and preventing expensive rework

When owners choose to act as their own Project Manager instead of hiring one, the reality usually looks the same: the work gets done at night and on weekends, under constant stress, while they're still running their current job, planning staffing, and making dozens of high-stakes decisions on the fly. That is precisely when mistakes happen, and mistakes in construction are never inexpensive.

Most owners do recognize that they need help. The problem isn't awareness; it's perception. Many fail to understand the true value of what a Project Manager does, so they see the role as an unnecessary expense rather than a form of protection. To them, hiring a PM feels like "throwing money away," when in reality, a competent Project Manager almost always saves money and often far more than their fee.

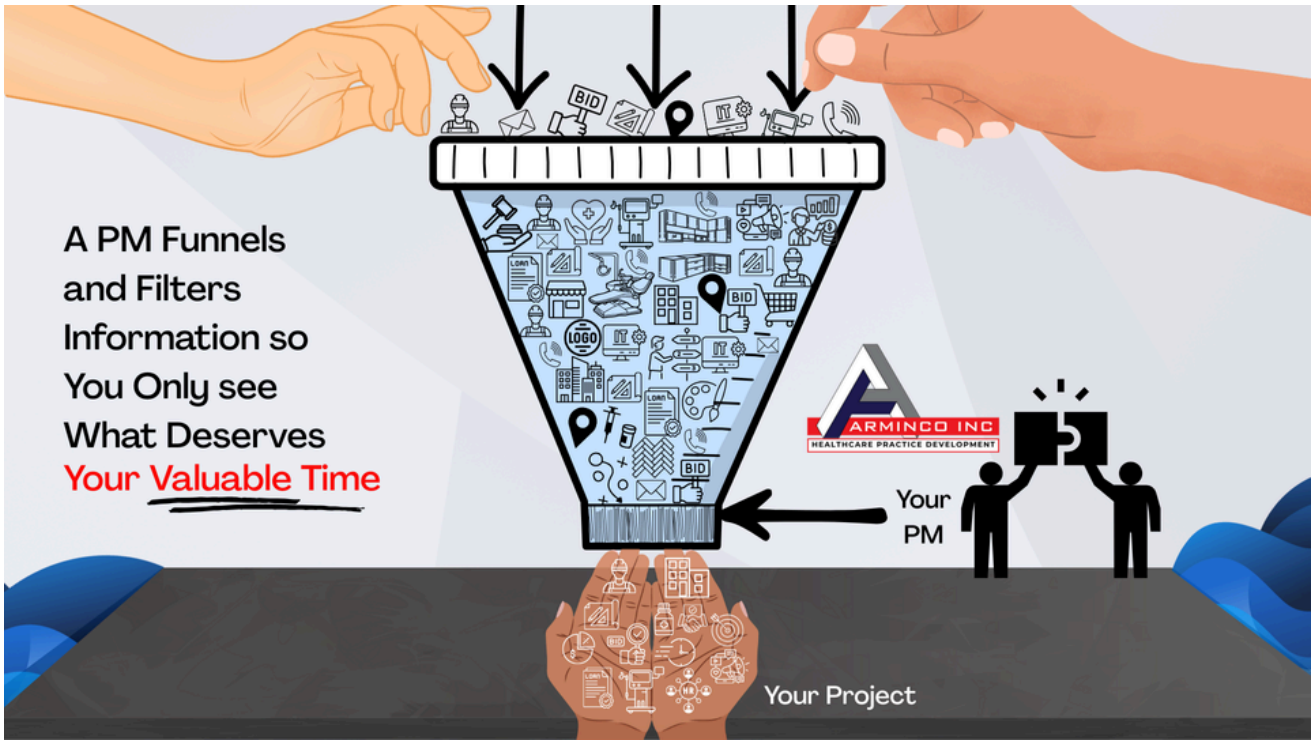
Unfortunately, instead of hiring the right professional, many owners make the most dangerous compromise: they assign project management responsibility to someone who is not actually a Project Manager. I've seen practice consultants, equipment dealers, and even contractors positioned as PMs simply because they offered to "handle it" at no additional cost while providing other services. That logic should raise immediate red flags.

Ask yourself this: would you hire your CPA to act as your attorney for free simply because they already handle your accounting? Of course not. The idea sounds absurd and that is because it is. Each role requires a distinct skill set, training, and accountability.

Yet that is exactly what happens when owners allow vendors or consultants to function as Project Managers. The result is advice without execution, coordination without accountability, and oversight that serves someone else's interests, not yours.

Project management is not a side task. *It is a full-time responsibility that requires experience, authority, and independence. Anything less may feel convenient in the moment, but it almost always becomes expensive late*

Visual Representation of a Project Manager:



The Practice you Build is the Practice you Become

A veterinary practice isn't a checklist. It's a coordinated performance under pressure. The facility you open determines how efficiently you can treat, how confidently your team can operate, and how consistently clients trust you.

You don't win by hiring a single unicorn expert. You win by assembling the right team and putting the right leader in the middle. Because the success of your project isn't determined by how much you spend. It's determined by who coordinates the spending.

Pilots need air traffic control.
Musicians need a conductor.
Veterinary builds need a Project Manager.

If you build your practice with clear parameters, strong specialists, and a PM/Owner's Rep coordinating the entire system, you don't just open a clinic—you open a business that operates with clarity, efficiency, and confidence from day one.

January 2026

The Practice Development Playbook

Sponsored by ARMINCO INC HEALTHCARE PRACTICE DEVELOPMENT

Contact: info@armincoinc.com

Published by ASK