

From +1% to +4.25%: How a 400-Clinic Group More Than Quadrupled Visit Growth with Ava Outbound While the Industry Declined

A 400-location veterinary group reversed its visit trajectory and pulled away from a contracting market.



All results measured pre versus post versus rest-of-chain control group. Industry figures reflect trailing twelve-month benchmark data.

The Industry Backdrop

The veterinary sector is facing a quiet problem that most operators feel but few have named. Revenue is still inching up, but patient visits are sliding. Over the trailing twelve months, the broader market posted revenue growth of 3.1% year over year while patient visits fell 2.3% year over year. In plain terms, practices are seeing fewer pets and leaning on price to hold the top line together. That is not a durable growth engine. It is a treadmill, and the belt is speeding up.

For a multi-location group, this dynamic is especially dangerous. Declining visits compress the patient base that drives every downstream revenue line: wellness, dentals, diagnostics, pharmacy, and surgery. When visit volume erodes, the practice loses not just one appointment but the lifetime value attached to that relationship.

The Group

This case study covers a 400-clinic veterinary group operating across multiple regions and several practice management systems. Going in, the group was modestly ahead of the market on visits, growing at roughly 1% year over year. That sounds like a win until you frame it correctly. A 1% visit gain against an industry running at -2.3% meant the group was outperforming a declining field, but it was still leaving most of its real growth on the table. They were winning a slow race rather than changing their own trajectory.

The underlying constraints were familiar: front desk teams stretched thin, missed inbound calls during peak hours, and a large file of lapsed clients who had simply drifted away. Thousands of pets were overdue for care across their locations, and the staff did not have the hours in the day to chase them down by phone. The group did not have a marketing problem. They had a reactivation and capacity problem.

What They Deployed

The group rolled out Ava Outbound across all 400 locations. Ava Outbound is the proactive voice and SMS layer of the Ava platform, and it was pointed at the single highest-leverage opportunity in the practice: clients who had lapsed or were overdue and were not coming back on their own.

Three things made the deployment work at scale.

Reactivation outreach

Ava systematically worked through each clinic's lapsed and overdue client base, reaching out by voice and text to re-engage pet owners who had fallen out of their care cadence. This is work the front desk almost never gets to, because the phone is already ringing with today's problems.

Consistent handling across every location

Because Ava delivers the same quality of outreach at every clinic, the group did not have to depend on whether a given front desk happened to have spare capacity that week. Every location got the same disciplined follow-up.

Booking that fed real capacity

Reactivation only matters if it converts to a booked, kept appointment. Ava tied outreach directly into scheduling so re-engaged clients landed on the calendar rather than into a callback queue that never cleared.

The Results

The group moved its own visit growth from 1% to 4.25% year over year, measured on a pre-versus-post-versus-control basis. The control was the rest of the chain's comparable performance, which keeps the measurement honest and strips out seasonal and macro noise.

Two things make that number stand out. First, the group more than quadrupled its own visit growth rate, going from a slow 1% to a healthy 4.25%. Second, it did so while the broader industry was shrinking at -2.3%. The gap between this group and the market widened from about three points to more than six and a half. They did not just stay ahead of a soft market. They pulled away from it.

The visit growth also showed up in provider productivity. The group saw a 2.5% improvement in pets seen per DVM, again measured pre versus post versus the rest-of-chain control. That matters because it means the additional visits were absorbed into existing clinical capacity rather than requiring proportional new hiring. The doctors were simply seeing more of the patients who should have been coming in all along.

Why It Worked

The mechanism here is not complicated, which is part of why it is durable. Most practices are sitting on a large, addressable base of lapsed clients and have no scalable way to recover them.

The front desk is fully consumed by inbound demand and cannot run a disciplined outbound program on top of it. Ava Outbound closes exactly that gap. It does the work that was always worth doing and never getting done.

For a 400-location group, the multiplier is structural. A single clinic running great reactivation by hand is an anecdote. Four hundred clinics running the same disciplined program simultaneously, with consistent handling and direct booking, is an operating system. That is how a group moves its aggregate visit number from 1% to 4.25% against a declining industry.

The Takeaway for Multi-Location Groups

The market is telling operators something uncomfortable: revenue growth built on fewer visits and higher prices has a ceiling, and that ceiling is close. The groups that will compound value are the ones that grow the patient base itself.

This group did that. They took a visit trend of 1%, already ahead of a contracting industry, and more than quadrupled it to 4.25%, while lifting doctor productivity 2.5% inside their existing capacity. They did it not by adding headcount or running a louder marketing campaign, but by recovering the clients they had already earned and never should have lost.

That is the case for Ava Outbound at scale. It does not ask a group to find new demand. It helps a group reclaim the demand already sitting in its own database.

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