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Access to Veterinary Care: Barriers and Insights from Pet Families

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Highlights

Purpose

Access to veterinary care is a cornerstone of animal welfare and pet family health. Yet, many US pet families encounter financial, logistical, and informational barriers. Building on the 2018 Access to Veterinary Care Coalition (AVCC) study, this 2024 study examines changes in pet family composition, accessibility of veterinary services, and emerging challenges that affect both pets and caregivers.

Methods

- Survey Design: Bilingual, cross-sectional, web-based survey.
- Sample Size: 5038 pet families (March–September 2024).
- Population: Households with at least one cat or dog across the US.
- Questions included:
 - Household composition and pet acquisition methods.
 - Spay/neuter, vaccination, microchip status.
 - Barriers across preventative, sick, and emergency care.
 - Desired information on pet care.
 - Impacts of barriers on pets and families.



Key Findings

Pet Family Composition

- Average pets per household declined from 2.2 (2017) to 2.0 (2024).
- Single-pet households increased from 41% (2017) to 48% (2024).
- Acquisition Trends:
 - Cats: most were adopted (29%) or taken in as strays (30%).
 - Dogs: equally likely to be adopted or purchased (28%).

Veterinary Care and Preventative Health

- 27% of dogs and 16% of cats were not spayed or neutered.
- 91% of dogs and 78% of cats were current on vaccinations.
- 48% of dogs and 33% of cats were microchipped.
- Pets in lower-income households were less likely to be spayed or neutered, vaccinated, or microchipped.

Barriers to Veterinary Care

- Preventative Care: 26% unmet need (up from 23% in 2017).
- Sick Care: 18% unmet need (up from 14% in 2017).



- Emergency Care: 12% unmet need (up from 8% in 2017).
- The primary barrier to care was cost, followed by appointment availability and logistics.
- Barriers were most prevalent among younger households (18–34) and those with low incomes (<138% FPL).

Impacts on Families

- 26% of families with barriers to care reported negative outcomes, such as pet relinquishment or euthanasia.
- 44% of families facing barriers reported pet-related stress (vs 21% without barriers).
- 84% reported having a established veterinary care provider, but this was lower among younger caregivers (74%) compared with older ones (92%).

Desired Information

- 51% wanted local pet care resources and clinic information.
- Younger families were more likely to seek training, behavior advice, and pet-friendly spaces, while older respondents wanted boarding and emergency options.

Summary

- Trends since 2018: Barriers to veterinary care have increased, particularly among low-income and younger households.
- Cost remains the dominant obstacle, but logistical factors like appointment availability and transportation have become more significant post-COVID.
- Consequences extend beyond pets, affecting family well-being, financial stability, and mental health.
- Pet families are eager to get additional information on how to better care for their pets, highlighting an opportunity to expand educational resources and outreach.
- Community-based interventions (affordable clinics, mobile services, local resource guides) and stronger veterinary-family communication are essential to reducing inequities.

The 2024 national survey shows that access to veterinary care is increasingly limited, with rising unmet needs across preventative, sick, and emergency care. Addressing affordability and availability while improving outreach can reduce disparities and strengthen both human and pet health.



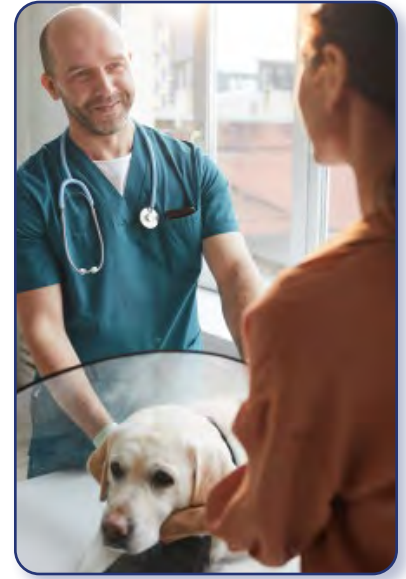
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Purpose

In 2018, the Access to Veterinary Care Coalition (AVCC) published a report titled *Access to Veterinary Care: Barriers, Current Practices, and Public Policy*.¹ This report covered the findings of a national survey with pet families and veterinarians about pet acquisition methods; spay/neuter, vaccination, and microchip status; barriers to care; and the impacts of these barriers on pets and families. Since the release of the seminal report, both pet families and veterinary practices have faced new challenges—particularly those resulting from the COVID-19 pandemic. During this time, veterinary practices were required to adapt their operations to comply with social distancing protocols^{2,3} as the number of families with pets and demand for veterinary care continued to rise.⁴

Access to veterinary care remains a pressing concern for both pet families and veterinary professionals. To better understand how the landscape has shifted over the past six years, a national study of pet families, largely replicating the original 2018 study, was conducted in 2024. The aim of this research was to assess pet families' current ability to obtain veterinary care and to identify areas of improvement.



Methodology

The pet family survey instrument from the [original study](#) was largely replicated, with some updates. Questions were added to gain a deeper understanding of how pets are being cared for, including pets' vaccination and microchip status, and the types of information pet families desire or need to better care for their pet. The list of reasons families were not able to access the desired veterinary care was expanded to include the inability to get an appointment with a veterinary practice. Questions about the physical and mental health of the pet family were also included to explore the relationship between access to veterinary care and family overall well-being.

The study was completed in English and Spanish using a cross-sectional survey ([Appendix A](#)) with pet families recruited by commercial web panels. Pet family was defined as “at least one human over the age of 18 with at least one dog or one cat.” The web survey was hosted on Alchemer. The English version was completed by 4748 families between March 14, 2024–April 16, 2024 using a web panel supplied by Dynata (formerly Survey Sampling, Inc.). The survey questions and consent statement were translated into Spanish by the [Tennessee Language Center](#). The Spanish version was completed by 290 households using a web panel supplied by Welcome Research between September 9, 2024–September 14, 2024. Both Dynata and Welcome Research sent the link to a random sample of their web panel participants who indicated a dog or cat lived in their household. The total sample size was 5038. Compensation was provided to participants in the



form of points issued by Dynata and Welcome Research. The research protocol, consent statement, and survey instrument were approved by the Institutional Review Board (IRB) at the University of Tennessee, Knoxville (UTK IRB-24-07971-XM).

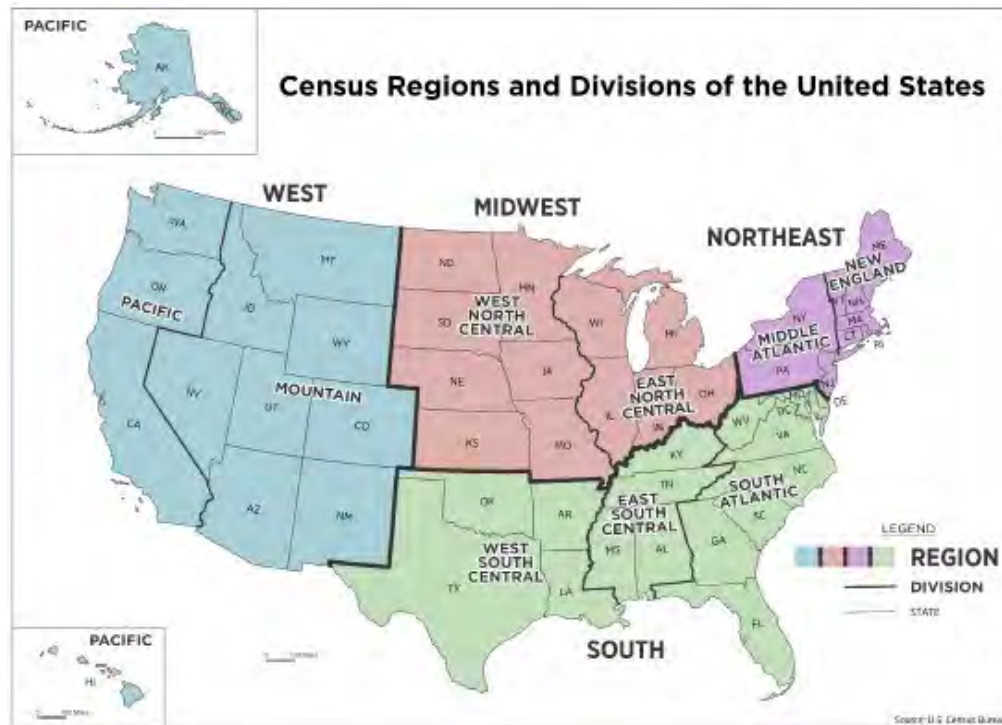
Consistent with the [original study](#), a stratified sampling frame defined by household income and regions of the US was used for this study. The household income stratum was defined by three socioeconomic groups:

1. Households below 138% of the federal poverty level (FPL).
2. Households between 138% and 250% of the FPL.
3. Households above 250% of the FPL.



The FPL is determined by the US Department of Health and Human Services. The 2024 guidelines were used for this study, which established the 100% poverty level for a family of four at \$31 200.⁵ These guidelines establish eligibility for federal programs. Eligibility for Medicaid in states that expanded their program under the Affordable Care Act is set at 138% of the FPL.⁶ Eligibility for Cost Sharing Reductions Subsidies (CSR) also under the Affordable Care Act, is limited to those households whose income is at or below 250% of the FPL.⁶ The US Census Bureau's regional definitions were used to develop the regional strata for the study: Northeast, South, Midwest, and West ([Figure 1](#)).⁷

Figure 1. US Census Regions and Divisions



This map of the United States shows the US Census Bureau's regions and divisions. For the purpose of this study, participants were grouped geographically by the four color-coded regions.

The age of respondents ranged from 18–91 years, with a mean of 49.0 (SD 16.6), and 23% were 18–34, 36% 35–54, and 42% over 55. Over half (58%) identified as female. In terms of race/ethnicity, 60% identified as White, 19% as Black or African American, 8% Asian, 4% American Indian or Alaskan Native, and 1% as Native Hawaiian or other Pacific Islander. Almost one in four (23%) were of Hispanic, Latino/a, or Spanish origin. A third (33%) had a total household income above 250% of the FPL, 27% earned 138%–250% of the FPL, and 40% were at or below 138% of the FPL. In terms of the highest education completed, 3% had not completed high school, 23% held a high school degree or GED, 33% some college or technical school, 27% a bachelor's degree, and 13% a graduate degree.



The household sizes of respondents varied from one to 11 people, with a mean of 2.7 (SD 1.43). Almost half (45%) were married, 24% single, 12% living with a partner, 11% divorced, 6% widowed, and 2% separated. The number of children under 18 living in these households varied from 0 to 8, though most (68%) had no children or only one (19%) or two (13%) children. Respondents were almost equally spread across the four main regions; 23% lived in the Northeast, 25% in the Midwest, 26% in the South, and 26% in the West. Respondents lived in a variety of geographic settings: 37% lived in a large city, 27% in a small city, 12% in a town, 10% in a small town, and 13% in a rural setting. Most (69%) lived in a house, while 20% resided in an apartment, 4% a condo, 4% a mobile home, and 2% a duplex (several mentioned they were homeless or living in a motel, camper, vehicle, or shelter).



The sample was largely representative of the US adult population in terms of age, race/ethnicity, household income, household size, percentage of households with children, marital status, urbanicity, and housing type ([Appendix B](#)). The survey sample had a slight overrepresentation of non-White individuals and skewed towards a higher education level than the overall population, with more than the national average of people with a bachelor's degree or higher and fewer than the average population without high school completion.

There was slight underrepresentation of households in the 138%–250% FPL group and slight overrepresentation of those below 138%. To ensure balanced representation across income and regional strata, post-stratification weights were applied. These weights ranged from 0.32 to 2.68. Importantly, analyses using weighted and unweighted data yielded only minor differences and only slightly increased the margin of error from +/- 1.38% to +/- 1.39%. Post-stratification weights were applied in all the results shown (eg, charts and tables).

Findings from the current study are shared in this report highlighting changes and trends using the [original study](#) as the baseline. However, because new survey questions were added, comparisons are not always possible. Throughout the report, percentages displayed in tables and charts are rounded to whole numbers; therefore, totals may sum to slightly above or below 100%.

Findings

A census of household pets found the average number dropped from 2.2 to 2.0. The percentage of households with one pet grew from 41%* in the [original study](#) to 48% ([Figure 2](#)). The increase in households with one pet was reported by all demographic groups ([Table 1](#)).

Figure 2. Average Number of Pets in US Households



This figure illustrates the change in the average number of pets per household and the percentage of households with just one pet from data collected in 2017 to data collected from this survey.

Differences in the number of pets based upon household characteristics in the current study were consistent with those found in the [original study](#).

- Younger respondents continued to be more likely to have more than one pet. Four of ten respondents between 18–34 (40%) reported having only one pet in the household, while more than half of those 55 years of age and older (55%) had only one pet.
- Respondents living in a house or a mobile home, were more likely to have more pets living with them. Less than half of those living in a house or mobile home (45% and 42%, respectively) had only one pet living in the household compared to more than half of those living in a condominium, apartment, or duplex (58%, 55%, and 58%, respectively).



* An error was identified in the 2018 report of the percentage of families with one pet. This revision provides the corrected information and aims to reflect accurate data.

Table 1. Household Pet Demographics

	1 Pet		2 Pets		3 Pets		4+ Pets	
	2017	2024	2017	2024	2017	2024	2017	2024
Overall^a 2018 (n = 5666); 2024 (n = 5038)	41%	48%	30%	30%	13%	11%	16%	11%
Age								
18–34 2018 (n = 1837); 2024 (n = 1130)	39%	40%	31%	35%	14%	13%	16%	12%
35–54 2018 (n = 1695); 2024 (n = 1792)	38%	43%	31%	34%	15%	12%	16%	12%
55+ 2018 (n = 1975); 2024 (n = 2088)	49%	55%	27%	25%	11%	10%	13%	10%
Household income								
<138% FPL 2018 (n = 2152); 2024 (n = 1977)	37%	44%	30%	30%	17%	12%	19%	14%
138%–250% FPL 2018 (n = 1162); 2024 (n = 1363)	44%	48%	27%	31%	13%	11%	16%	11%
>250% FPL 2018 (n = 1626); 2024 (n = 1660)	44%	48%	31%	30%	13%	11%	12%	10%
Housing type								
Condo 2018 (n = 148); 2024 (n = 188)	57%	58%	27%	33%	14%	5%	3%	4%
Apartment 2018 (n = 881); 2024 (n = 1001)	53%	55%	31%	31%	9%	8%	7%	6%
Duplex 2018 (n = 137); 2024 (n = 117)	42%	58%	35%	22%	11%	13%	12%	7%
House 2018 (n = 4074); 2024 (n = 3467)	40%	45%	29%	30%	14%	12%	16%	12%
Mobile Home 2018 (n = 322); 2024 (n = 199)	32%	42%	25%	27%	14%	11%	29%	20%

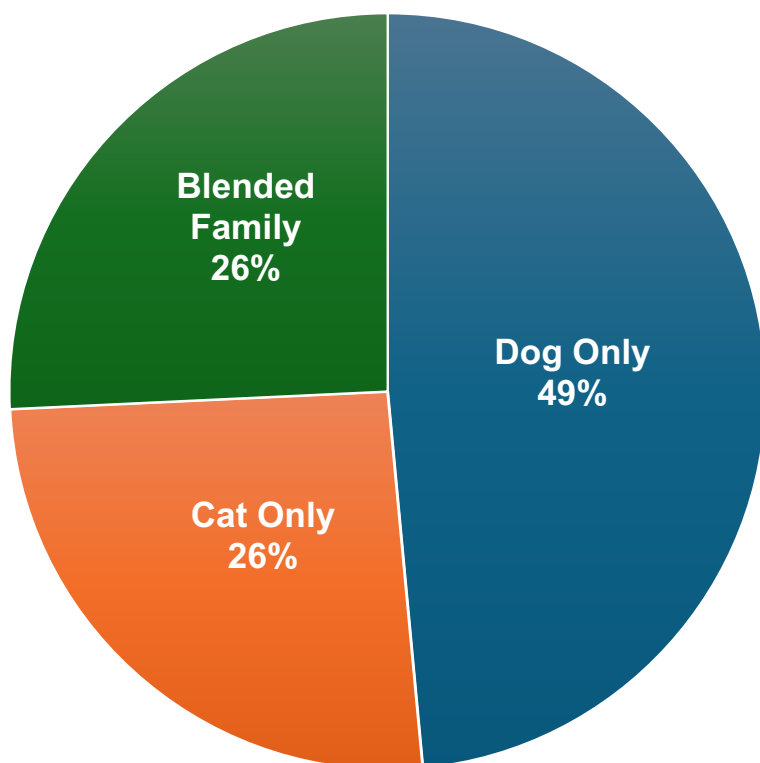
^aMinimum number of pets = 1, Maximum = 20, Mean = 1.99, Standard Deviation = 1.484

This table describes number of pets in the household broken out by different demographic groups: age, household income, and residence type.

Household Composition

Information was collected for 10 126 pets (4641 cats and 5485 dogs) compared with 12 345 in the [original study](#). Almost half of the households (49%) lived with only a dog, while the remainder lived with only a cat or were a “blended family” of dogs and cats ([Figure 3](#)). Among single-pet households, 70% had a dog and 30% had a cat. A comparison of the 2018 and 2024 studies revealed declines in both respondents (from 5666 to 5038) and total pets (from 12 345 to 10 126), with a slight decrease in the average number of pets per respondent (from 2.18 to 2.01).

Figure 3. Household Composition (n = 5038)



This graph shows the percentage of participating households that have only dogs, only cats, or a blended family with both cats and dogs.



The trends observed in how families acquire their pets remained consistent between the current and [original study](#). Adoption from a shelter or rescue group was slightly more common in the current study, with approximately one in three pets adopted from these sources. Specifically, 29% of cats and 28% of dogs were adopted from shelters or rescue groups, indicating only a small difference between the two species ([Table 2](#)).

Table 2. Trends in Pet Acquisition

	Cat		Dog	
	2017 (n = 5624)	2024 (n = 4641)	2017 (n = 6721)	2024 (n = 5485)
Adopted from shelter/rescue	27%	29%	27%	28%
Purchased from pet store/breeder	8%	8%	29%	28%
Received as a gift	11%	7%	14%	11%
Stray	30%	30%	8%	6%
Received from family member/friend	15%	20%	16%	22%
Other^a	8%	6%	6%	5%

^aCommon responses in the “Other” category include finding the pet available for adoption online on sites like Facebook or Craigslist, adopting from a private individual that the adopter does not know, or pets born to other pets living in the household already.

This table compares the ways in which families acquired their cats as opposed to their dogs and compares current data to data collected in 2017.

Other notable differences in acquisition methods between cats and dogs persisted:

- Nearly one in three dogs (28%) were reported to be purchased from a pet store or breeder, compared to only 8% of cats.
- More than one in four cats (30%) were previously strays before being added to the household, while fewer than 10% of dogs came from similar circumstances.

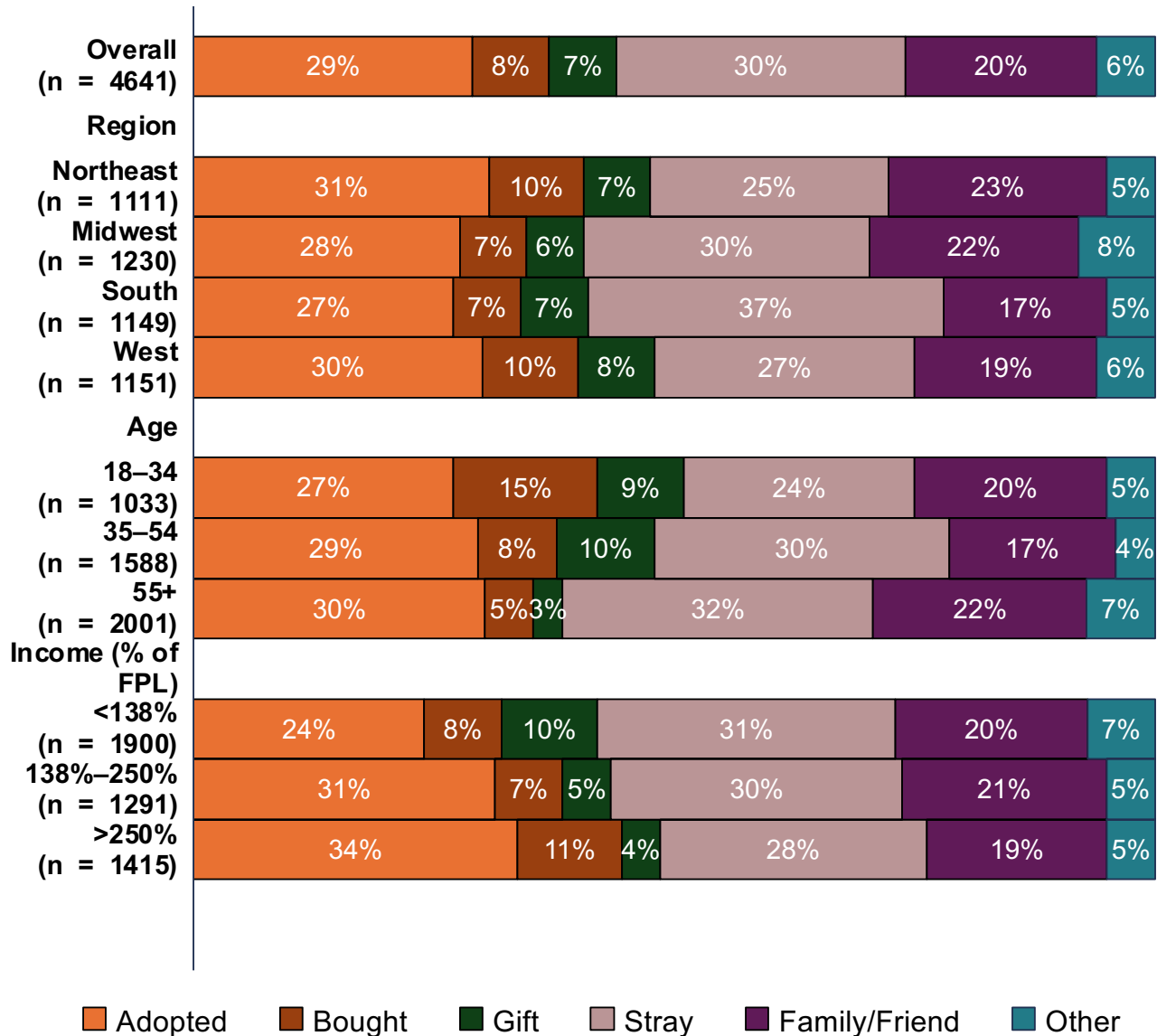
Households’ characteristics and geographic locations continued to play a role in pet acquisition patterns ([Figures 4, 5](#)).

- The proportion of pets adopted from a shelter or rescue group and/or purchased grew as household income increased. Families with incomes below 138% of the FPL were least likely to acquire their cat or dog from a shelter or rescue groups, with less than a quarter of cats (24%) and dogs (23%) being acquired from this source. However, approximately one-third of pets living in households whose income exceeded 250% of FPL—34% of cats and 33% of dogs—were adopted.
- Results show regional differences in how households acquire their pets. Purchasing a dog is the most common method of acquisition for families in the Northeast (39%). In the South and Midwest, providing a home for a stray was the most common way of acquiring a cat (37% and 30%, respectively).
- Methods of acquiring cats and dogs varied across age groups. Respondents 55 years of age or older were more likely to take

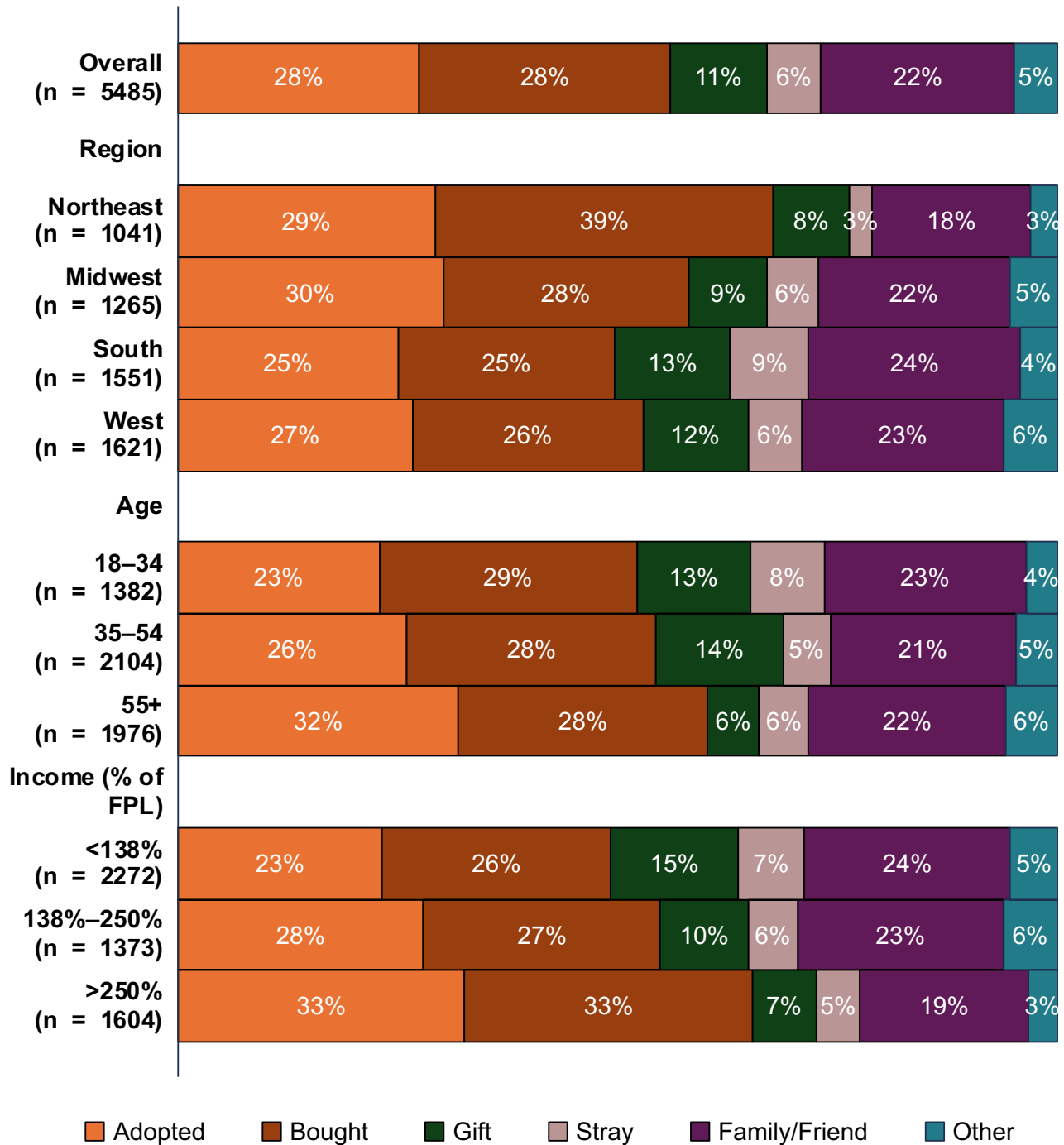


in a stray cat (32%) than younger respondents (24% among 18–34; 30% among 35–54) ([Figure 4](#)). For dogs, they were also more likely (32%) than younger respondents (23% among 18–34; 26% among 35–54) to adopt from a shelter or rescue group ([Figure 5](#)).

Figure 4. Source of Cat Acquisition



This graph breaks out the different ways in which cats were acquired based on respondents' demographic groups: geographic location, age, and household income.

Figure 5. Source of Dog Acquisition

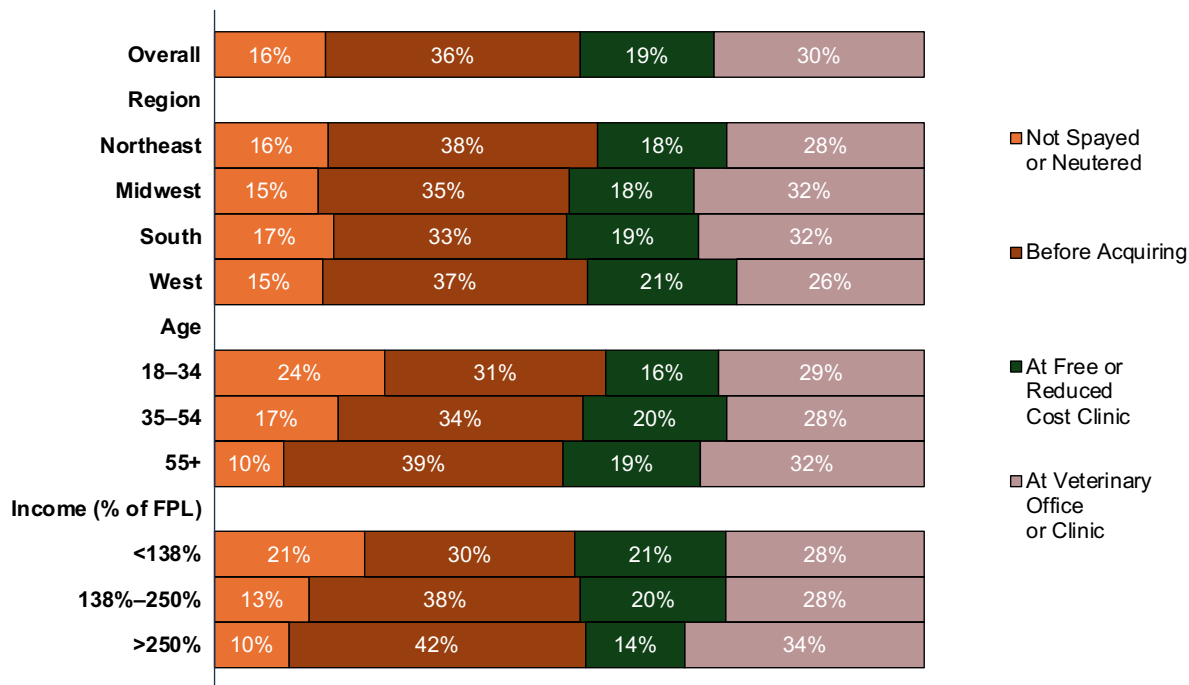
This graph breaks out the different ways in which dogs were acquired based on respondents' demographic groups: geographic location, age, and household income.

Spayed or Neutered Pets

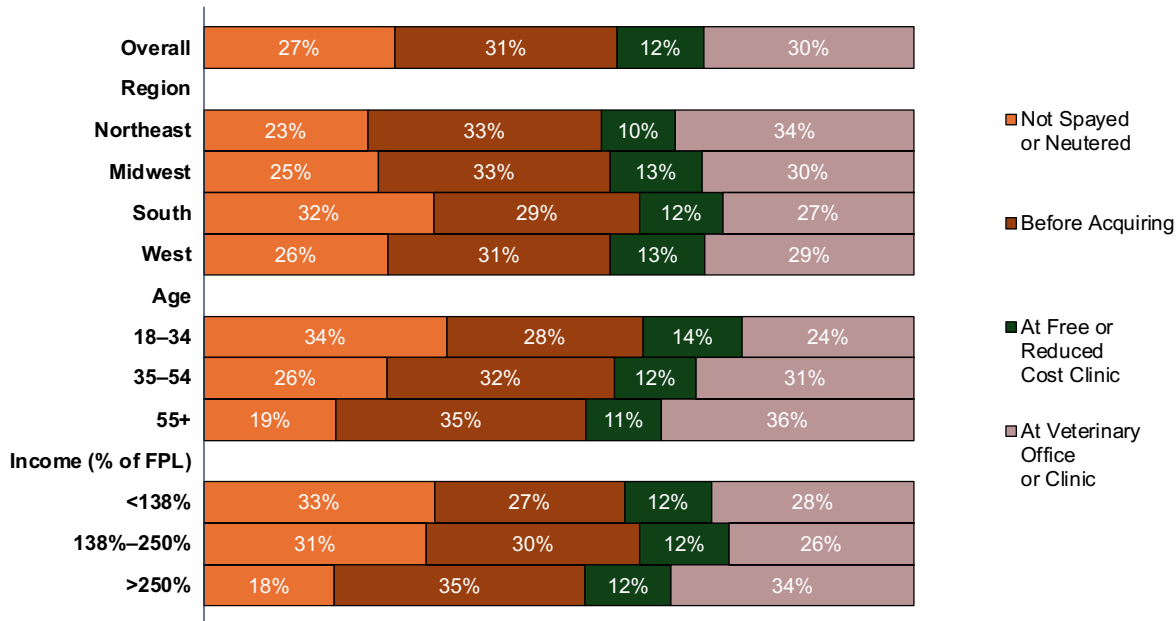
The study also gathered information on whether pets were currently spayed or neutered. Significant differences were observed between cats and dogs in this regard ([Figures 6, 7](#)). Dogs were less likely than cats to be spayed or neutered; 27% of dogs compared to 16% of cats ($P < .001$). Other differences based upon characteristics of the respondent also emerged in the study, though differences among families with dogs were more pronounced.

- Dogs living in the South were less likely to be spayed or neutered compared to dogs living in other regions. For instance, one in three dogs living in the South (32%) were not spayed or neutered, compared to one in four dogs (23%) living in the Northeast.
- Dogs living in households with lower incomes were also less likely to be spayed or neutered. One in three dogs (34%) living in households with incomes below 138% of the FPL were not spayed or neutered, compared to one in four (26%) living in households between 138%–250% and less than one in five (19%) living in households with an income that exceeds 250% of the FPL.
- Respondents who were 55 years of age or older were least likely to have a dog that was not spayed or neutered living with them. Only 18% of dogs living with older respondents were not spayed or neutered, compared to 31% of those living with respondents between 35–54 years old and 33% of the those under the age of 35.
- Spay or neuter status also varied by the pet's source of acquisition. Of the pets received as a gift, 26% of cats and 46% of dogs were not spayed or neutered, while 5% of cats and 8% of dogs who were adopted from a shelter or rescue group were not spayed or neutered.

Figure 6. Spay or Neuter Status of Cats



This graph illustrates the spay or neuter statuses of cats and compares their households across demographic groups: geographic location, age, and household income. Sample sizes reported in [Figure 4](#).

Figure 7. Spay or Neuter Status of Dogs

This graph illustrates the different spay/neuter statuses of dogs and compares their households across demographic groups: geographic location, age, and household income. Sample sizes reported in [Figure 5](#).

Reasons For Pets Not Being Spayed or Neutered

In addition to collecting information about the spay or neuter status of each pet, the current study explored the reasons why some pets had not been spayed or neutered. Among the 2152 pets that were not spayed or neutered, one in four respondents (25%) indicated they planned to have the pet spayed or neutered in the future, either because the pet would be old enough or for other reasons ([Table 3](#)).

Overall, the most cited reason for not having the pet spayed or neutered was the high cost of the procedure. However, notable differences emerged between reasons given for cats and dogs not being spayed or neutered.

- Cost was the leading reason given for cats not being spayed or neutered (30%). However, the most prevalent reason given for dogs not being spayed or neutered was the desire to breed the pet (24%).
- A personal belief against spaying or neutering a pet was cited more frequently than cost by families with a dog that has not been spayed or neutered. One in four dogs (22%) reported in the current study live with household members who do not believe in spaying or neutering pets.



Table 3. Reasons for Pet Not Being Spayed or Neutered

	Overall (n = 2152)	Cat (n = 711)	Dog (n = 1441)
It's too expensive	22%	30%	18%
I don't believe in spaying/neutering pets	19%	13%	22%
I want to breed this pet	19%	11%	24%
I plan to spay/neuter when the pet is old enough	17%	21%	15%
I plan to spay/neuter for other reasons	8%	9%	8%
I don't know where to have the service done	5%	7%	4%
Other^a	9%	9%	9%

^aReasons included in responses of "Other" include two common misconceptions regarding spaying and neutering- respondents believed they did not need to if their pet stays indoors and there are no other pets in the household and respondents thought their pet was too old to be spayed or neutered.

Vaccinations and Microchips

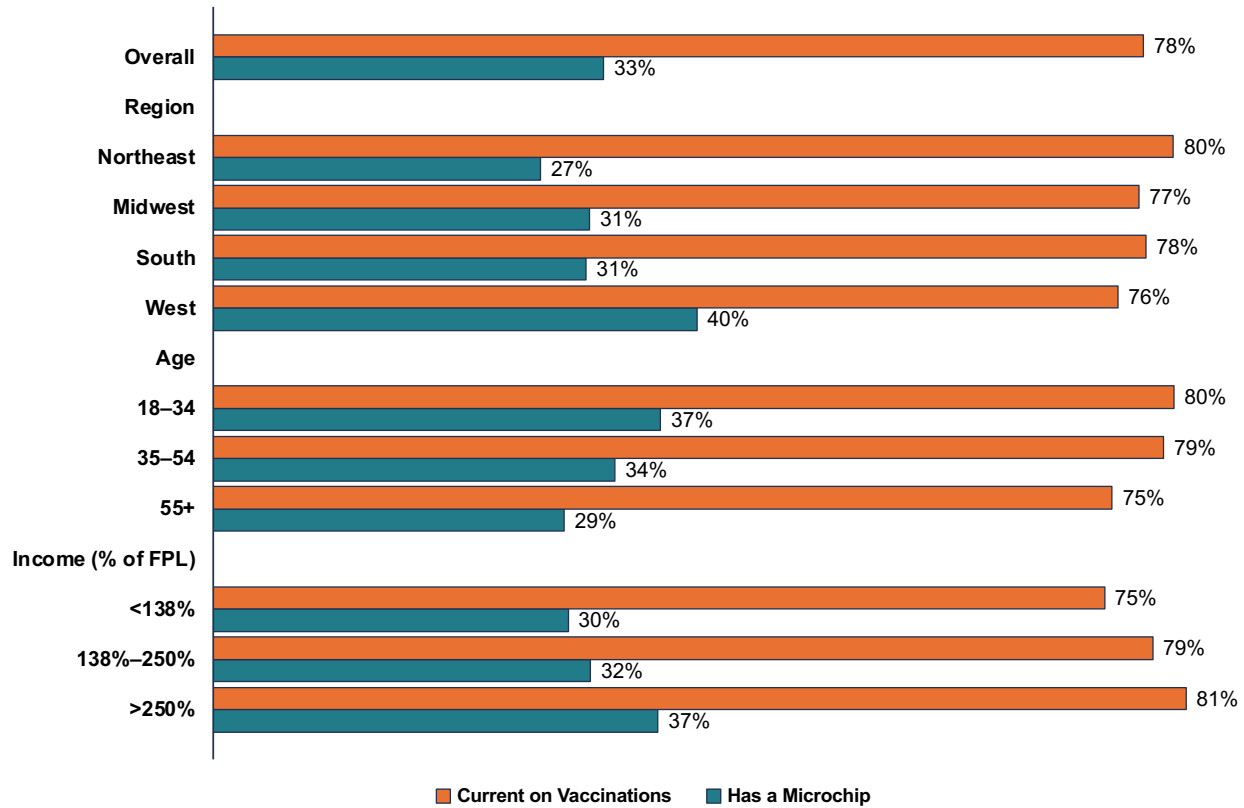
The survey included questions about the pet's vaccination and microchip status. Significant differences were reported on vaccination and microchip rates between cats and dogs. Overall, 78% of cats were up to date on their vaccinations compared to 91% of dogs ($P < .001$). This gap remained consistent for microchips: one in three cats (33%) have a microchip compared to almost half of dogs (48%) reported to have one ([Figures 8, 9](#)).

- Respondents living in the West were more likely than respondents from other regions to report that their cats and dogs were microchipped. One in four cats (40%) and half of the dogs (52%) living in the West were reported to have a microchip (compared to 30% and 46%, respectively, for the rest of the US).
- Those with lower household incomes were less likely to have pets that were current on their vaccinations and to have a microchip. As income increased, the rates of current vaccinations and microchips also rose. This pattern is consistent for both cats and dogs.
- Younger respondents were more likely than older respondents to report that their cats were current



on their vaccinations and microchipped. Eight in ten cats (80%) living with respondents younger than 35 years were current on vaccinations. However, they were less likely than older respondents to report that their dogs were current on vaccinations and microchips.

Figure 8. Vaccination and Microchip Status for Cats



This graph shows the percentage of cats included in the survey that are current on their vaccinations and have a microchip and compares them across demographic groups: geographic location, age, and household income. Sample size reported in [Figure 4](#).

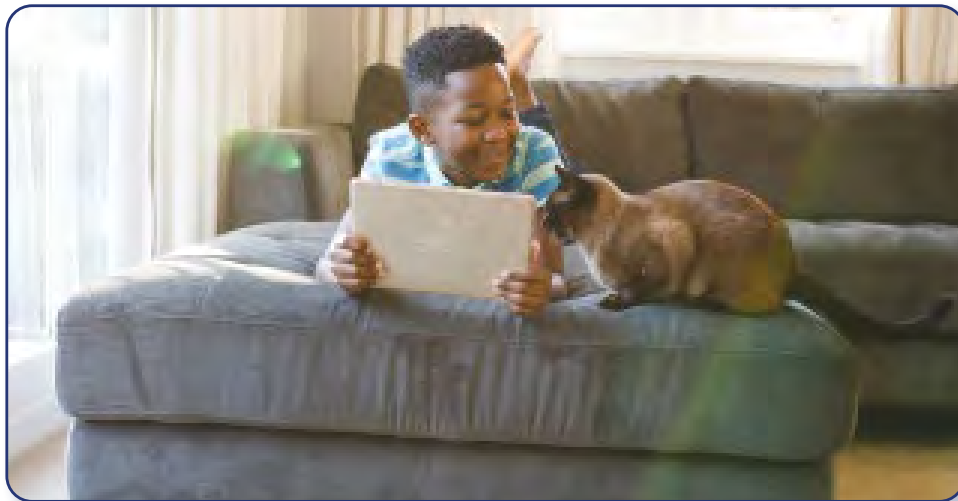
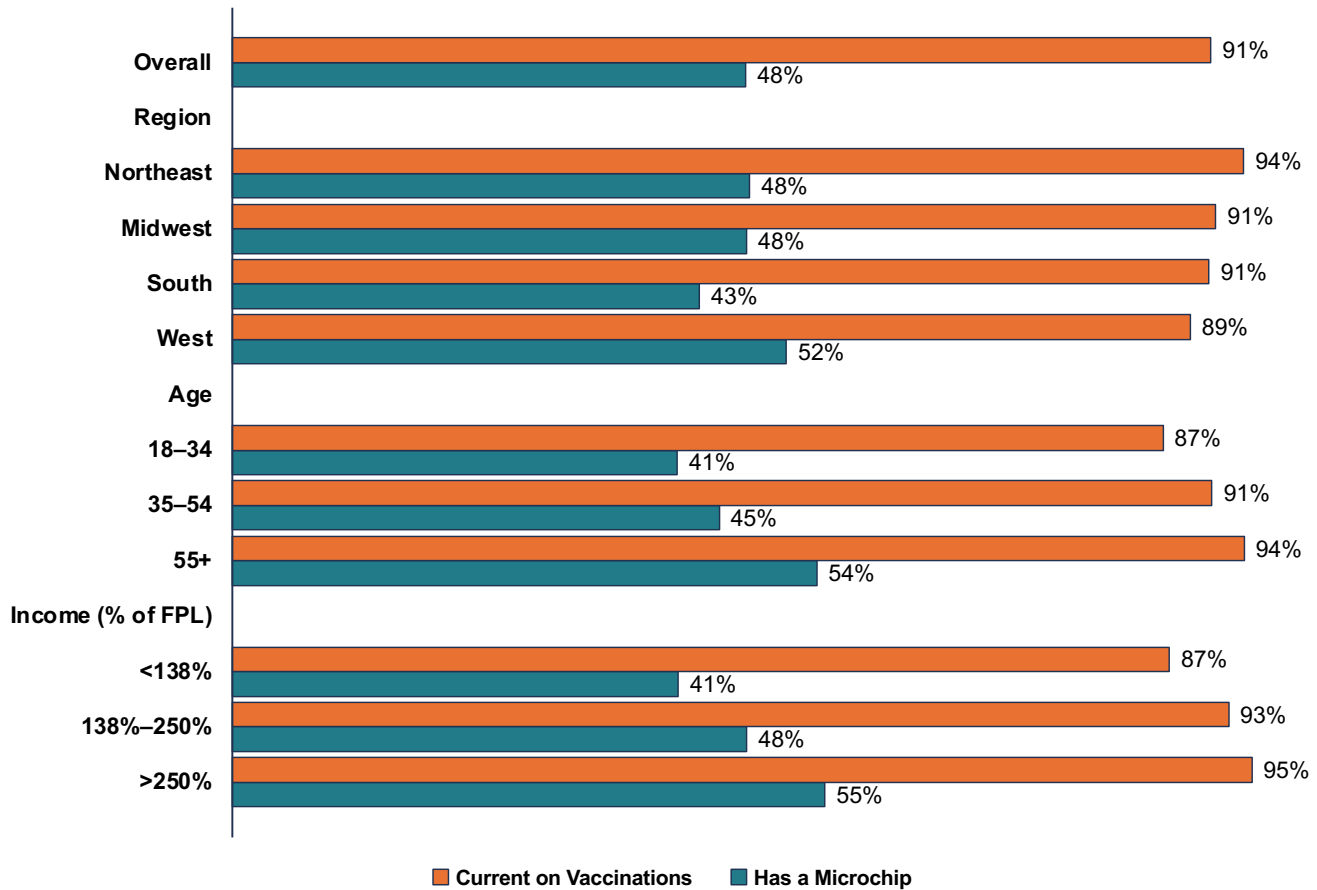


Figure 9. Vaccination and Microchip for Dogs

This graph shows the percentage of dogs included in the survey that are current on their vaccinations and have a microchip and compares them across demographic groups: geographic location, age, and household income. Sample size reported in [Figure 5](#).

Veterinary Care and Barriers

The purpose of conducting this study was to explore how veterinary care needs and barriers experienced in accessing care have changed since the [original study](#). Consistent with the [original study](#), respondents were asked about three types of veterinary care: preventative, non-emergency sick or injury care, and emergency care. A timeframe of two years was used as the reference point for experiencing a barrier to obtaining desired care.

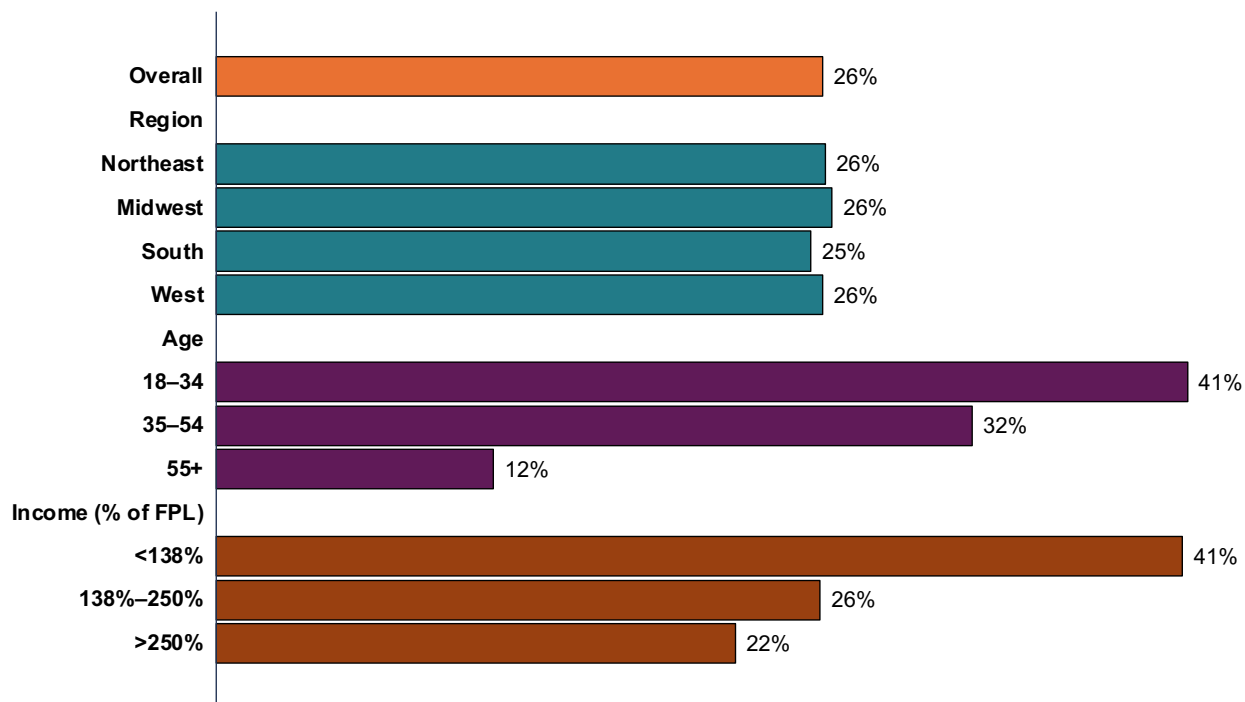
Preventative Care

Preventative care was defined as “services a pet receives to avoid illnesses, diseases, and behavioral problems.” This includes such things as annual exams; shots or vaccinations; heartworm, flea, or tick prevention; and advice about how to care for your pet. Overall, almost one in three respondents (26%) indicated they had experienced a time in the past two years when they were not able to receive the preventative care they wanted. This barrier to desired care was experienced an average of 2.1 times per respondent in the past two years.

The prevalence of experiencing a barrier to accessing preventative care increased since the [original study](#) for all pet families, regardless of household income, age, or where they lived. Similar patterns emerged regarding the disproportionality of those who experienced the barrier ([Figure 10](#)).

- Pet families in lower socioeconomic households were more likely to experience a barrier to preventative care. Four in ten (41%) families with household income below 138% of the FPL were not able to access the preventative care they desired. As income level increases, the number of families unable to access the preventative care they desire decreases. Less than one in four families with a household income that exceeds 250% of the FPL experience these barriers.
- Younger respondents were also more likely to experience this type of barrier. Four in ten (41%) of respondents below 35 years of age were not able to obtain the preventative care they desired, compared to 32% of those between 35–54, and one in ten (12%) of those 55 years of age and older.
- Geographic differences in the barriers to preventative care experienced by participants in the [original study](#) were not observed in the current study. Respondents from all regions of the country reported similar rates of not being able to acquire the desired preventative care.

Figure 10. Barriers Experienced by Pet Families to Preventative Care



This graph reports the percentage of respondents that experienced barriers to preventative care and compares them across demographic groups: geographic location, age, and household income.

Cost was the most frequently identified reason for not accessing desired preventative care, regardless of household income. However, differences emerged across socioeconomic groups for other reasons that restricted access to care.

- Lower socioeconomic groups were more likely to attribute their inability to afford care as the reason for not being able to access preventative care. More than two of three respondents living in households below 138% of the FPL (68%) attributed cost as the reason.
- Those living in households with an income exceeding 250% of the FPL were more likely than those living in households with lower income to attribute their inability to access preventative care to a lack of available appointments during a needed time or not being able to find a veterinary provider open during their available times ([Table 4](#)).

Table 4. Reasons for Barriers to Preventative Care by Household Income

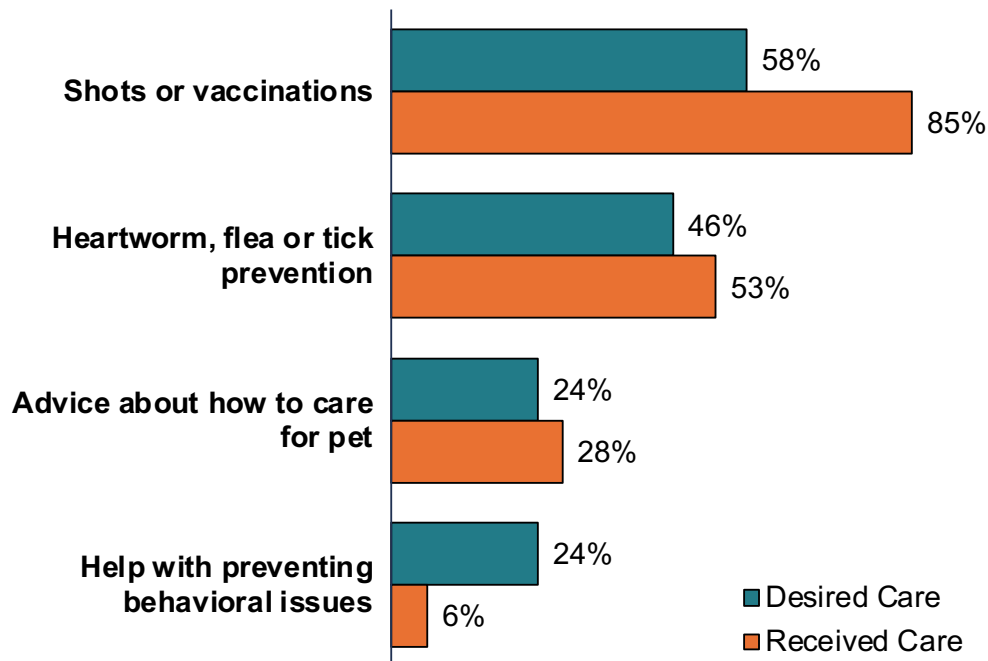
	Overall ^a (n = 1247)	<138% of FPL (n = 327)	138%–250% of FPL (n = 229)	250%+ of FPL (n = 691)
I could not afford it.	57%	68%	63%	50%
I could not find any available appointments when I needed it.	23%	16%	19%	28%
I could not find a care provider who was open during times I could take my pet.	18%	13%	15%	21%
I did not have a way to get there.	16%	19%	18%	14%
I did not know where to get the care.	14%	15%	11%	14%
I was concerned a veterinarian or care provider would think badly of me for not seeking care sooner.	13%	14%	9%	14%
I did not have a pet leash or carrier.	5%	5%	7%	5%
I could not find a veterinarian or care provider who speaks my language.	5%	5%	7%	5%

^aMore than one reason could be selected so total exceeds 100%.

This table compares what percentage of respondents experienced specific barriers to preventative care by household income level.

The types of preventative care desired by those who encountered a barrier were consistent with the types of care received by those who were able to receive preventative care. Shots or vaccinations and preventative treatment for heartworms, ticks, and fleas were the most popular types of preventative care desired and received. It is worth noting that one in four who wanted preventative care but experienced a barrier (24%) desired advice on how to care for a pet and guidance for a behavioral problem ([Figure 11](#)).



Figure 11. Types of Preventative Care

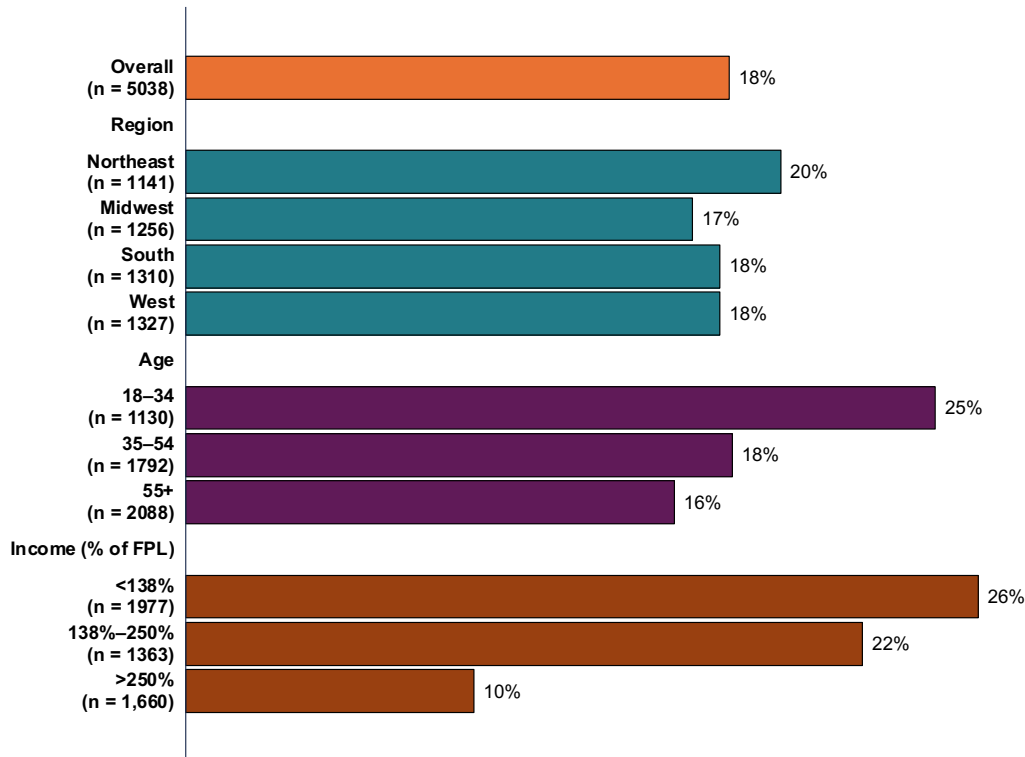
This graph lists different types of preventative care and reports the percentage of respondents who received that care for their pets and those that desired that type of care but did not receive it. Some respondents who received vaccinations also desired others forms of care, indicating their full needs were not met.

Sick or Injury Care

The second type of care that was explored in the study was sick care. This type of care was defined as care that “includes treatment for an illness, physical injury, or behavioral problem that is not an emergency requiring immediate care.” Consistent with the prevalence of barriers for preventative care, there was an overall increase in households that experienced this type of barrier in the past two years, from 14% to 18%. This increase was reported across all demographic groups. Respondents reported that their unmet need for sick or injury care occurred an average of 1.6 times in the past two years.

Similar patterns emerged regarding the disproportionality of those who experienced a barrier to sick or injury care ([Figure 12](#)).

- Lower socioeconomic households were more likely to experience a barrier to sick or injury care. One in four (25%) families with household income below 138% of the FPL were not able to access the sick or injury care they desired. However, less than one in five households with higher incomes—18% for those with 138% to 250% of the FPL and 16% of those with greater than 250% of the FPL—were not able to obtain the sick or injury care needed.
- Younger respondents were also more likely to experience this type of barrier. One in four respondents (26%) below 35 years of age were not able to provide the sick or injury care needed for their pet. The inability to provide the needed care decreased with older respondents, 22% of those between 35–54, and 10% of those 55 years of age and older.

Figure 12. Barriers Experienced by Pet Families to Sick or Injury Care

This graph reports the percentage of respondents that experienced barriers to sick or injury care and compares them by geographic location, age, and household income.

Reasons for not being able to obtain needed sick or injury care were similar to those for preventative care. Almost half of all those who experienced this barrier (45%) attributed it to affordability. However, those living in households with an income exceeding 250% of the FPL were more likely than those living in households with a lower income to attribute their inability to obtain the desired care to not being able to schedule an appointment when it was needed ([Table 5](#)).



Table 5. Barriers Experienced by Pet Families to Sick or Injury Care by Household Income

	Overall ^a (n = 867)	<138% of FPL (n = 198)	138%–250% of FPL (n = 161)	250%+ of FPL (n = 508)
I could not afford it.	45%	59%	55%	37%
I could not find any available appointments when I needed it.	26%	19%	21%	31%
I could not find a care provider who was open during times I could take my pet.	20%	17%	19%	22%
I did not have a way to get there.	16%	17%	16%	14%
I did not know where to get the care.	14%	15%	11%	14%
I was concerned a veterinarian or care provider would think badly of me for not seeking care sooner.	12%	10%	9%	14%
I could not find a veterinarian or care provider who speaks my language.	6%	9%	4%	5%
I did not have a pet leash or carrier.	5%	5%	7%	5%

^aMore than one reason could be selected so total exceeds 100%

This table compares what percentage of respondents experienced specific barriers to sick or injury care by household income level.

Emergency Care

The final type of treatment explored in this survey was emergency care. For the purposes of the survey, emergency care was defined as treatment for an illness, physical injury, or behavioral issue requiring immediate attention.

Like other types of care, the unmet need was higher than reported in the [original study](#) but continued to be reported as the type of care with the lowest incidence of unmet need. Approximately one in eight respondents (12%) reported needing emergency care for a pet but not being able to obtain it.

Emergency care was less commonly required, with only one in three respondents needing it within the past two years. However, the average number of times respondents had an unmet emergency care need was 1.5 times during that time period. While barriers in obtaining emergency care were lower than other care types, this is concerning given the time-sensitive and critical nature.

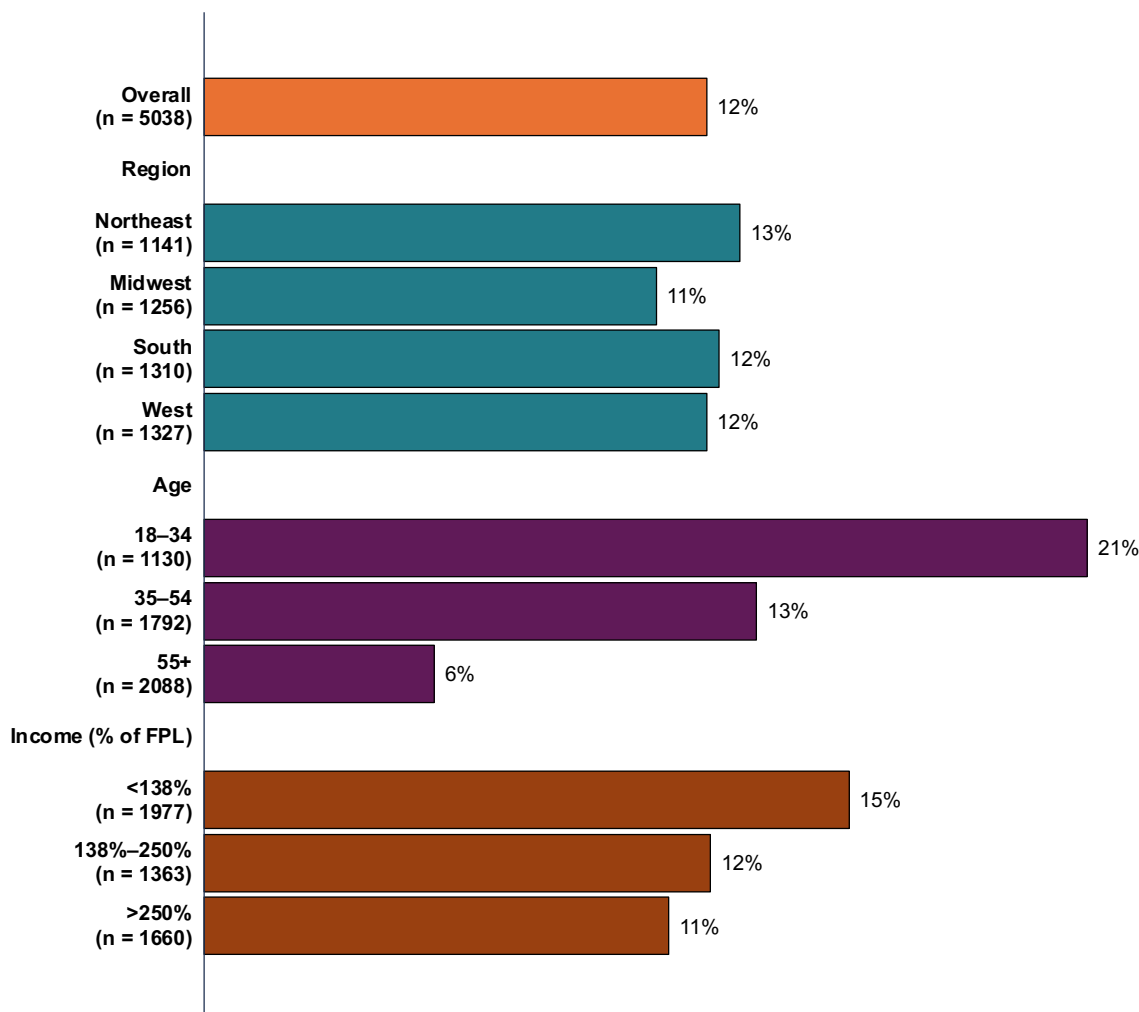
Despite the overall lower incidence, similar disparities observed for other care categories persisted. However,



larger differences were seen across age groups compared to household income ([Figure 13](#)).

- Younger respondents were again more likely to report unmet care needs. Among those aged 18–34, 21% experienced an unmet emergency care need, compared to 13% of those aged 35–54, and just 6% of respondents aged 55 and older.
- Pet families in lower-income households (below 138% of the FPL) were only slightly more likely to experience barriers to emergency care, with 15% reporting unmet needs compared to 12% and 11% of those in higher-income households.

Figure 13. Barriers Experienced by Pet Families to Emergency Care



This graph reports the percentage of respondents that experienced barriers to emergency care and compares them by geographic location, age, and household income.

The reasons cited for not obtaining emergency care differed somewhat from those reported for preventative or sick care. While affordability remained the most common barrier (37%), logistical challenges such as lack of transportation (16%) and not knowing where to seek treatment (15%) were reported at notably higher rates than reported for other care types ([Table 6](#)).

Table 6. Reasons for Barriers to Emergency Care

	Overall ^a (n = 611)	<138% of FPL (n = 289)	138%–250% of FPL (n = 153)	250%+ of FPL (n = 169)
I could not afford it.	37%	50%	44%	30%
I could not find any available appointments when I needed it.	24%	19%	23%	27%
I could not find a care provider who was open during times I could take my pet.	27%	23%	28%	27%
I did not have a way to get there.	16%	20%	17%	15%
I did not know where to get the care.	15%	17%	15%	15%
I could not find a veterinarian or care provider who speaks my language.	13%	9%	11%	15%
I did not have a pet leash or carrier.	10%	7%	13%	10%
I was concerned a veterinarian or care provider would think badly of me for not seeking care sooner.	9%	11%	7%	9%

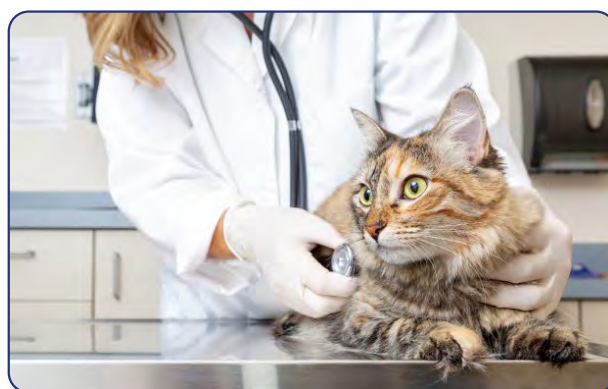
^a More than one reason could be selected so the total exceeds 100%.

This table compares what percentage of respondents experienced specific barriers to emergency care by household income level.

Changes in Prevalence of Barriers

The frequency of reported barriers to veterinary care varied across the three types of care compared to the [original study \(Table 7\)](#). Barriers to veterinary care increased from 2017 to 2024 across all care types, preventative, sick, and emergency care, particularly for younger and lower-income populations. The rise was most significant for preventative care.

- Overall, barriers rose from 23% to 31% for preventative care, from 14% to 18% for sick care, and from 8% to 12% for emergency care.
- Lower-income households (<138% of the FPL) consistently reported the highest barriers, with 41% reporting difficulty accessing preventative care in 2024. Middle-income (138–250% of the FPL) and higher-income (>250% of the FPL) groups also saw increases, but at lower levels.



- Younger adults (18–34) reported the most barriers, especially for preventative (41%) and emergency care (21%). Barriers declined with age, with adults 55 and over reporting the lowest rates.
- Barriers increased across all regions but remained relatively similar by geography.

Table 7. Forms of Barriers to Veterinary Care

	Barrier for Preventative Care		Barrier for Sick Care		Barrier for Emergency Care	
	2017	2024	2017	2024	2017	2024
Overall	23%	31%	14%	18%	8%	12%
Household income (% of FPL)						
<138%	34%	41%	20%	25%	11%	15%
138–250%	23%	26%	13%	18%	6%	12%
>250%	13%	22%	9%	16%	7%	11%
Age						
18–34	34%	41%	22%	26%	13%	21%
35–54	25%	32%	15%	22%	8%	13%
55+	11%	12%	5%	10%	3%	6%
Region						
Northeast	23%	26%	14%	20%	8%	13%
Midwest	19%	26%	11%	17%	6%	11%
South	22%	25%	13%	18%	7%	12%
West	27%	26%	16%	18%	10%	12%

This table compares the percentage of survey respondents that experienced barriers to different forms of veterinary care to data collected in 2017. Data is also grouped and compared by geographic location, age, and household income. Sample sizes reported in [Table 1](#).

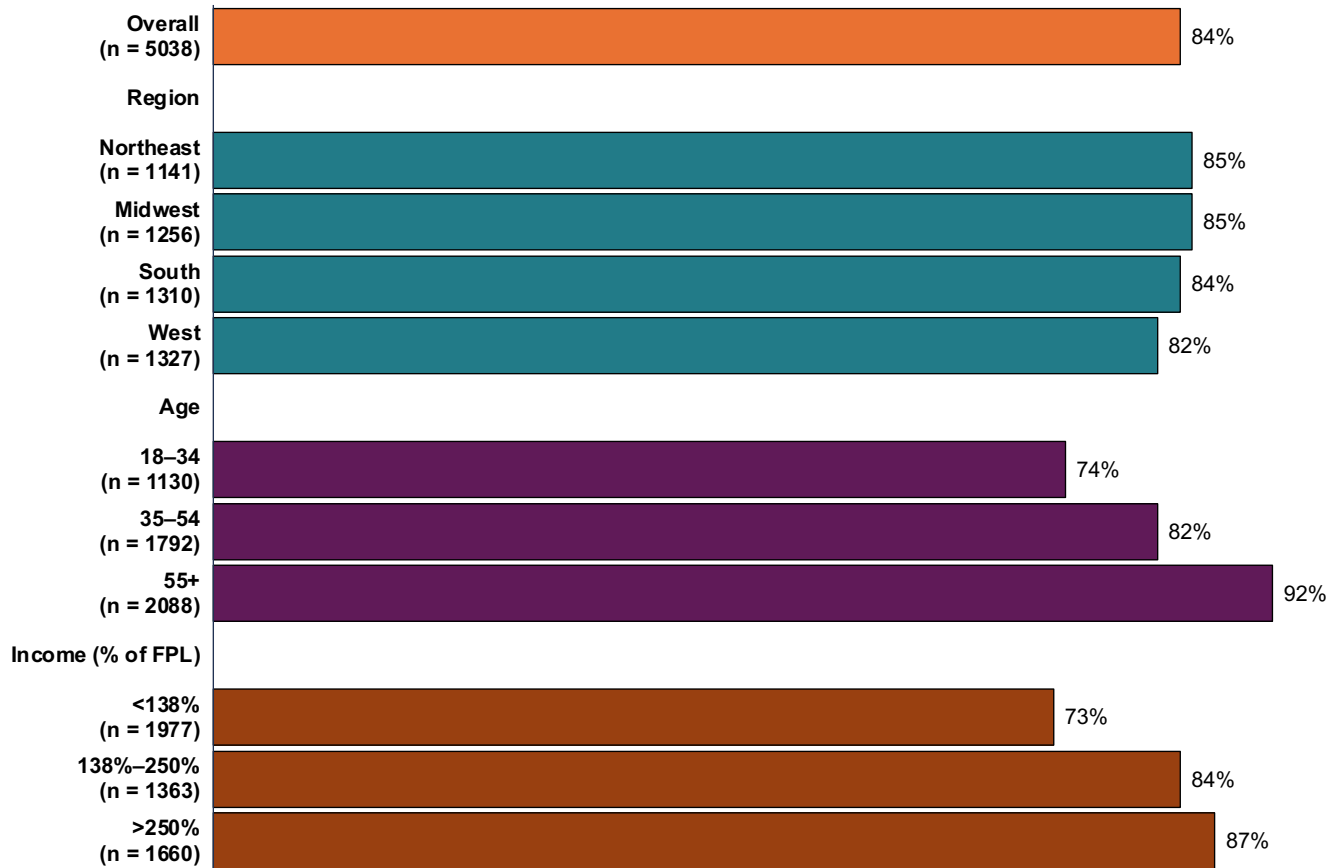
Veterinary Care

Overall, a large majority of respondents (84%) indicated they have a veterinarian or veterinary practice that is normally used to meet their pet's care needs. However, those who have a regular veterinary care provider increased with age and household income ([Figure 14](#)).

- Respondents between 18–34 years of age were less likely than older respondents to have a primary veterinary care provider. Three in four respondents between 18–34 (74%) had a veterinary practice of record compared to 82% of those between 35–54 and 92% of those 55 and over.

- Though the difference was not as stark, households with lower incomes were less likely to have an established veterinary care provider—73% of the lowest income households compared to 87% of those living in the highest income households.

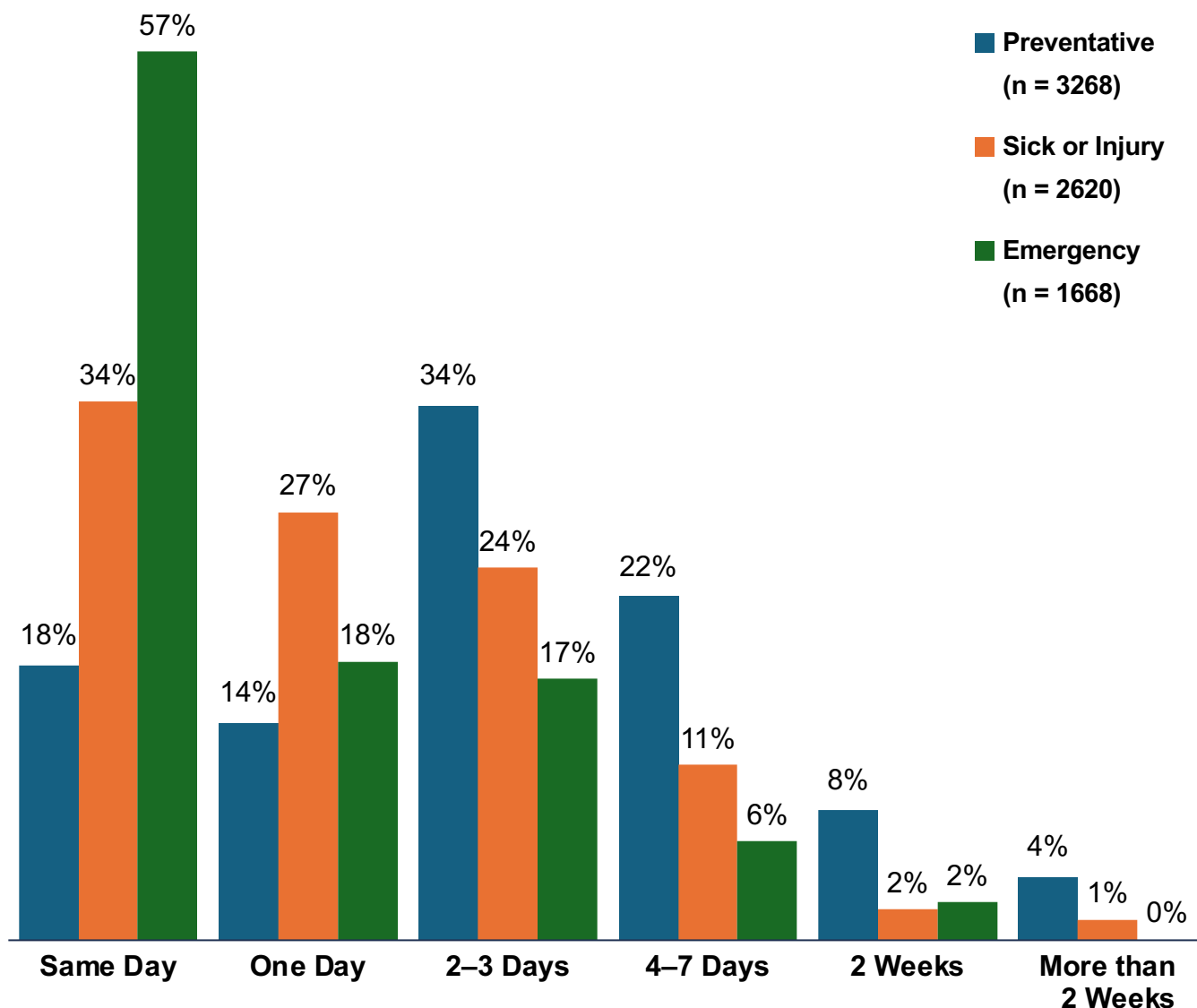
Figure 14. Pet Families Who Have an Established Veterinary Care Provider



This graph illustrates the percentage of respondents who have a regular veterinary care provider and also groups respondents by geographic location, age, and household income.



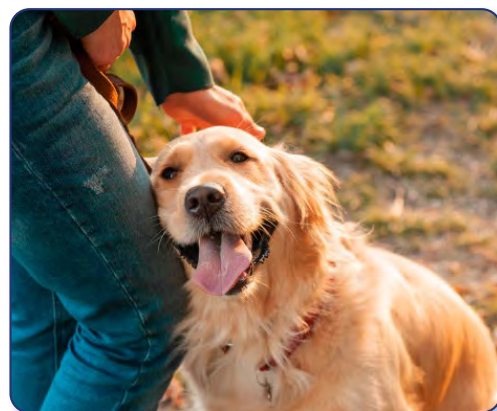
Veterinary care providers were impacted by social distancing implemented during the COVID-19 pandemic. Studies have found that pet families have been faced with longer wait times for appointments and are not able to find available appointments when desired.^{2,3} Wait times reported in this study are reflective of the type of care needed. Over half of emergency needs were met on the same day (57%), while most respondents who received preventative care (68%) waited more than 2–3 days for an appointment (Figure 15). It is worth noting that there was little difference in waiting times for those who are not established with a veterinary care provider.

Figure 15. Wait Times for Veterinary Care

This graph shows the wait time experienced by survey respondents for different types of veterinary care.

Desired Information

According to the AVMA Pet Ownership and Demographics Sourcebook, 80.1 million households in the US currently have a pet, and that number has been steadily increasing over the years.⁴ The current study found that nearly one in five respondents did not grow up with a pet in the household. While the survey did not specifically ask whether the pets included in the study were the respondents' first, it is reasonable to assume that some pet family households, particularly those led by younger individuals, may lack firsthand experience in properly caring for or meeting the needs of a pet.



Overall, the most desired information across all age groups was related to pet care resources and local veterinary clinics (51%) ([Table 8](#)). Respondents under the age of 35 also expressed a strong interest in training advice and information on pet behavior. Other age-related differences were also observed: individuals under 55 were more likely to seek information about the location of dog parks and pet-friendly venues such as restaurants and bars, while those aged 55 and older were more interested in learning about temporary or emergency boarding options.

Table 8. Desired Information Across Respondent Age Groups

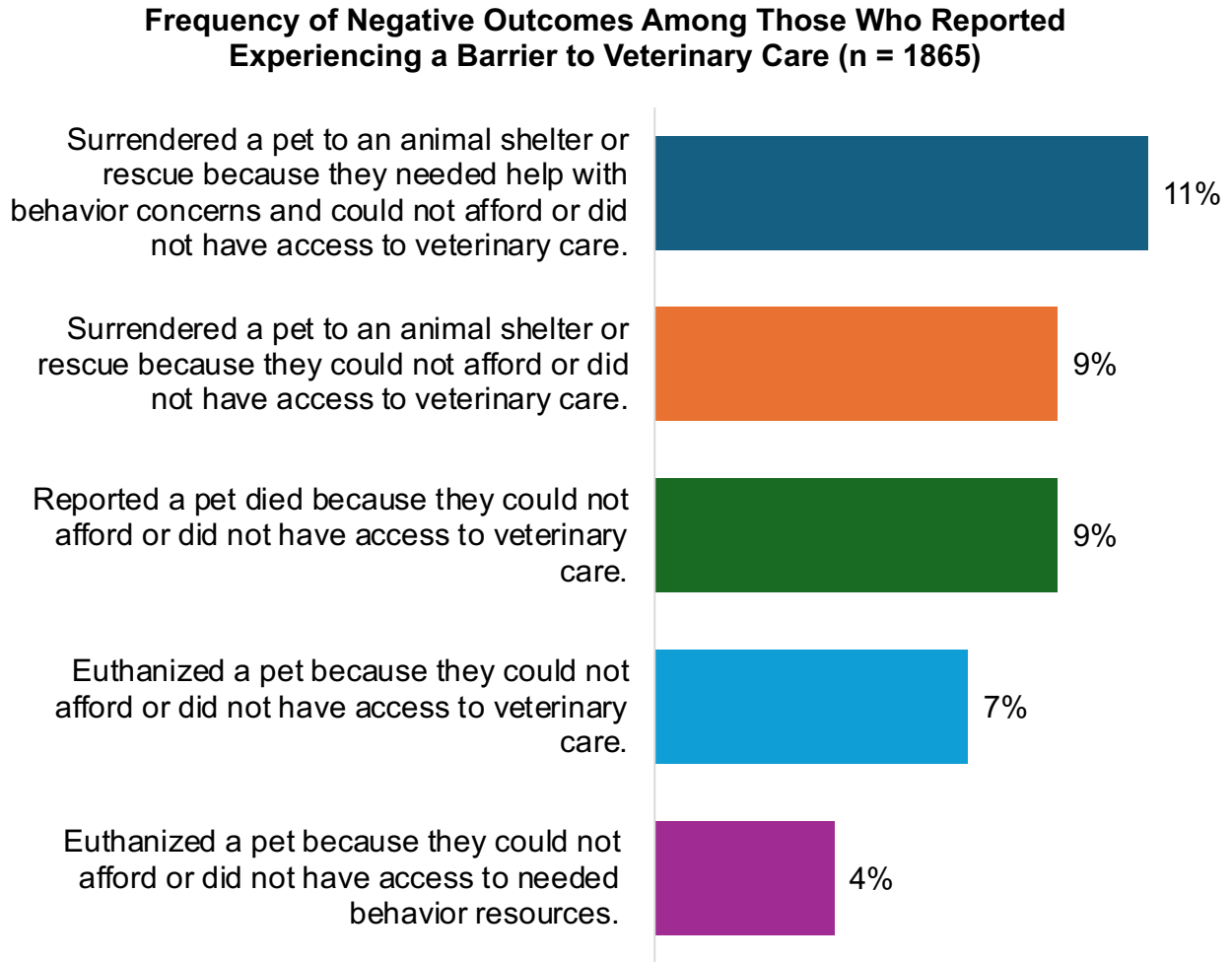
	Overall (n = 5038)	18–34 (n = 1130)	35–54 (n = 1792)	55+ (n = 2088)
Pet care resources and clinics in your area	51%	56%	56%	43%
Advice on training and behavior information	41%	52%	42%	33%
Options for temporary or emergency boarding	28%	24%	27%	32%
Location of pet friendly restaurants/bars	25%	32%	29%	18%
Location of dog parks	24%	31%	30%	17%
Pet friendly housing	23%	34%	24%	15%
Laws regarding pets	23%	32%	25%	15%
Options for finding a new home for your pet	7%	13%	9%	3%
None of the above	16%	7%	12%	24%

This table outlines the percentage of respondents who indicated that they would be interested in receiving more information about the topics listed. Data is also compared by age group.



The study explored the impacts of barriers to veterinary care on pets and their families. Families who experienced a barrier in the past two years were more likely to share a negative outcome, such as surrendering a pet to an animal shelter or pet euthanasia, compared to families who did not experience a barrier to care ([Figure 16](#)). More than one in four respondents (26%) who reported at least one type of barrier to veterinary care indicated that they had experienced at least one of the negative outcomes.

Figure 16. Likelihood of Negative Outcomes as a Result of Barriers to Veterinary Care

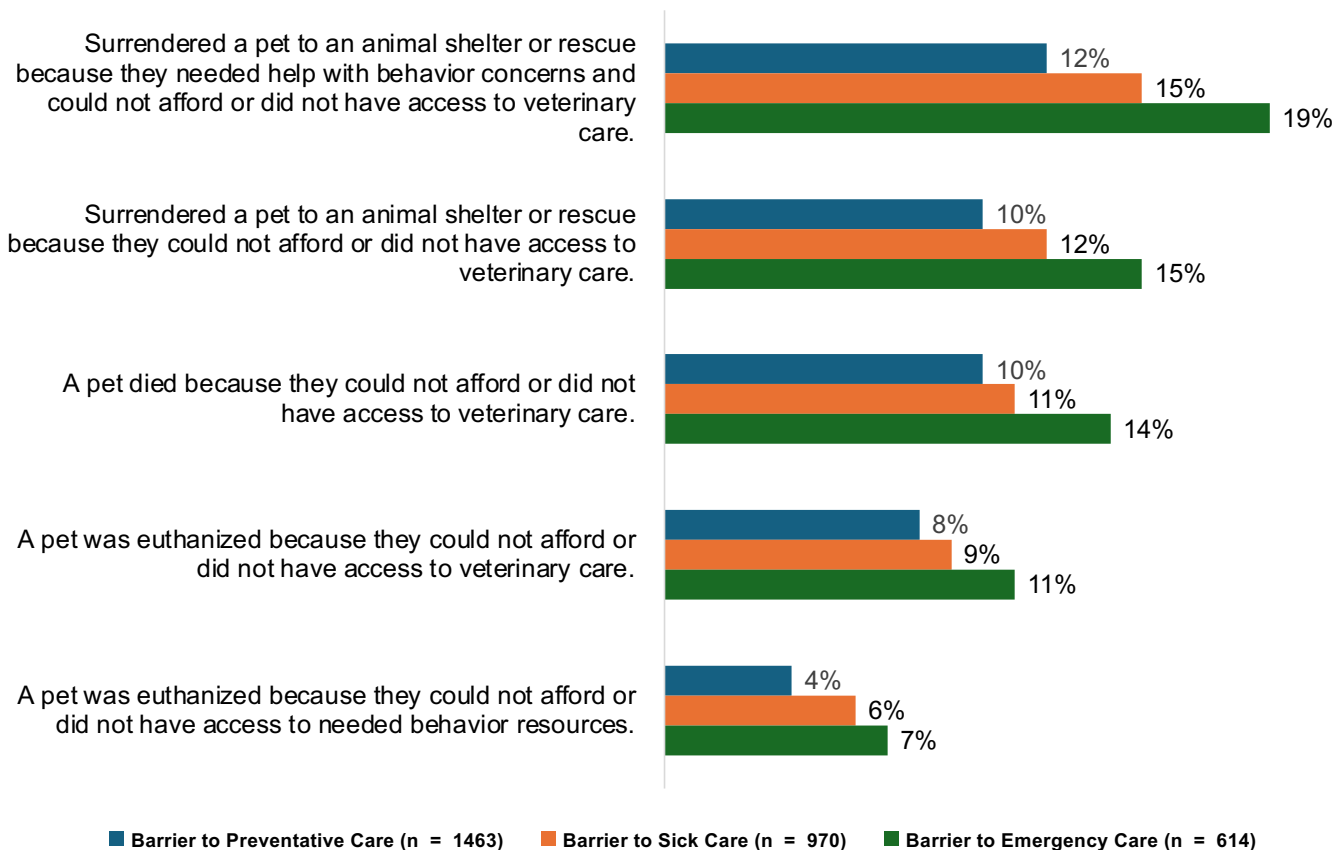


This figure shows the percentage of respondents with negative outcomes as a result of barriers to veterinary care.



Those who experienced barriers to emergency care were more likely to report one or more of these negative outcomes for their pet compared to those with barriers to preventative care ([Figure 17](#)). For instance, of those who experienced a barrier to emergency care, 19% reported surrendering a pet to an animal shelter or rescue because they needed help with behavior concerns and could not afford or did not have access to veterinary care. This compares to 12% of those who experienced a barrier to sick care and 10% of those who experienced a barrier to preventative care.

Figure 17. Negative Pet Outcomes Related to Barrier to Preventative, Sick, and/or Emergency Care



This figure compares the percentage of respondents who experienced a negative outcome with their pet based on the type of care they experienced barriers to.

Barriers to veterinary care not only impact the health and well-being of pets but also of human family members. Respondents were asked about how frequently living with a pet had caused them stress in the past year. Those who had experienced a barrier to at least one type of veterinary care were significantly more likely to report a higher frequency of pet-related stress. More than four in ten who had experienced a barrier (44%) reported that they felt stress at least sometimes because of living with a pet. However, only one in five of those who had not experienced some type of barrier (21%) reported a similar frequency of pet-related stress ($P < .001$) ([Figure 18](#)).

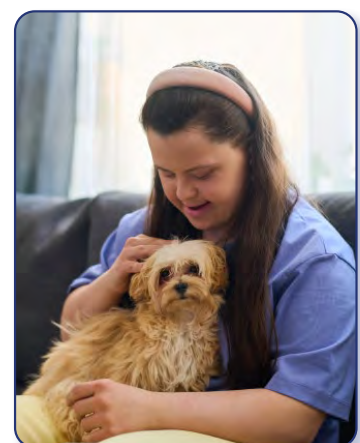
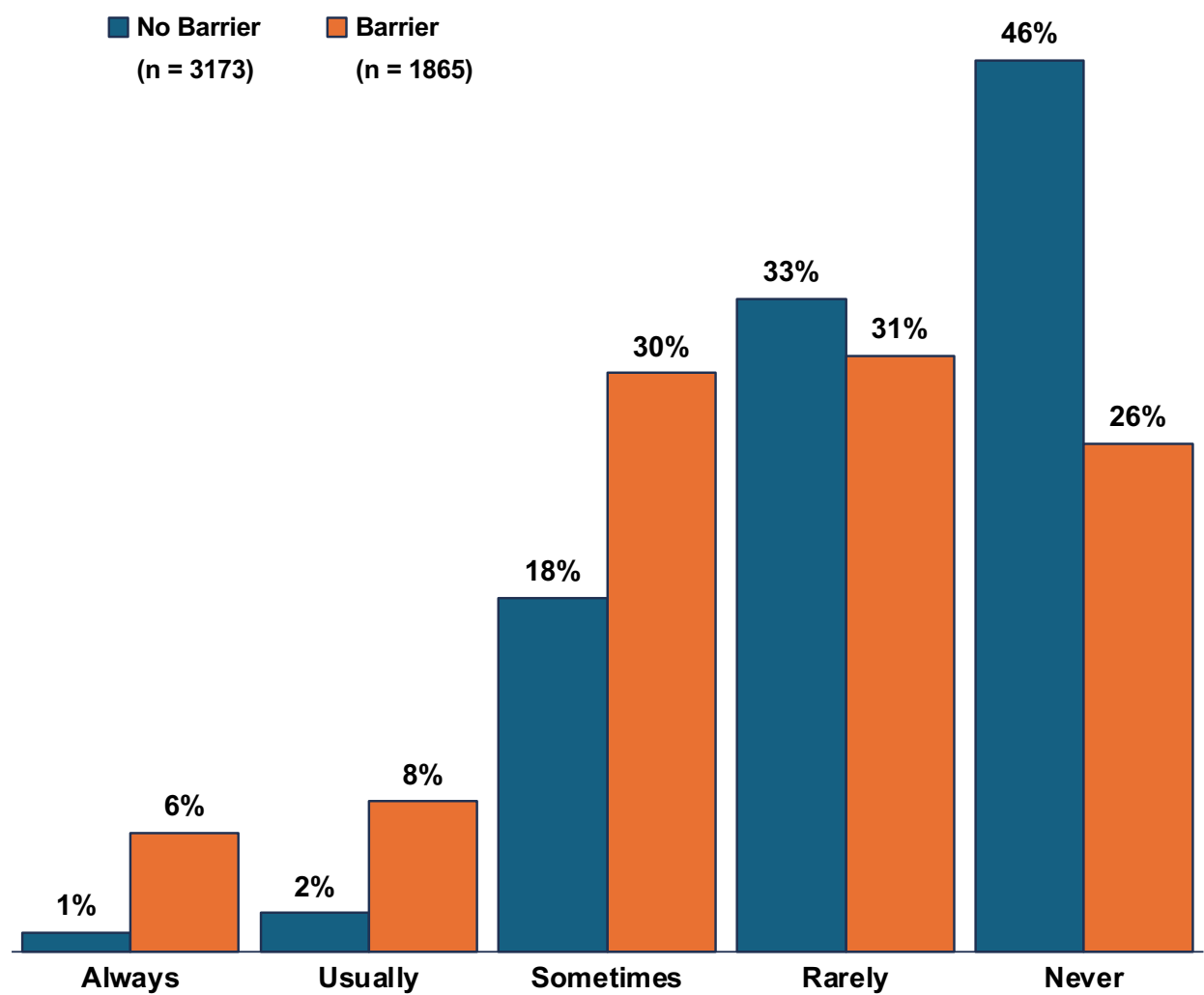


Figure 18. Pet-Related Stress and Presence of Barriers to Veterinary Care

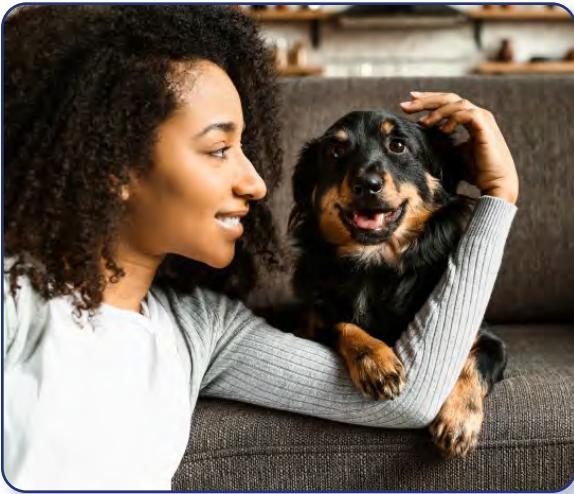


This graph illustrates the frequency of pet-related stress compared between those households that did and did not experience barriers to veterinary care.



Summary

The findings of the current study reflect several notable shifts in families with pets and access to veterinary care compared to the original research. One notable change is the decline in the average number of pets per household, from 2.2 to 2.0. Nearly half of the households surveyed now have only one pet, with a notable trend among these households' preferring dogs over cats. This shift may indicate changing lifestyle patterns, such as increased urban living or financial constraints, which may limit the capacity or willingness of households to care for multiple pets.



The study also highlighted key differences in the acquisition and care of cats versus dogs. Cats are more often taken in as strays, suggesting a continued issue with unowned or abandoned cats in communities. Conversely, dogs are less likely to be spayed or neutered, a finding that raises concern considering the implications for pet overpopulation. While cost is cited as a barrier to spay and neuter services, the data show that nearly half of the dogs not spayed or neutered remain so because of beliefs or intentions to breed, rather than purely financial limitations. This underscores the need for continued education and outreach about the health and societal benefits of spaying and neutering.

The acquisition method plays a role in whether a pet is spayed or neutered. Pets adopted from shelters or rescue groups are more likely to be spayed or neutered, which may reflect shelter policies and veterinary partnerships. In contrast, pets received as gifts are the least likely to be spayed or neutered, pointing to potential gaps in preparedness and awareness among gift recipients.

The study also documented an increase in the percentage of households reporting barriers to accessing veterinary care between 2017–2024, affecting all income brackets, geographic locations, and age groups. While cost remains the predominant obstacle, logistical challenges such as appointment availability and clinic hours have become more prominent, especially among higher-income households. This suggests that even those with financial resources may struggle to access timely care, potentially due to availability of services.

Importantly, households experiencing barriers to veterinary care are more likely to report having previously surrendered or euthanized a pet, and to cite having pets as a source of stress



in the past year. These associations highlight the broader emotional and practical consequences of inadequate access to care, reinforcing the importance of addressing systemic barriers to veterinary services.

Finally, there is a strong interest among respondents in gaining access to local pet resources, particularly guidance on training and behavior management. Older respondents also expressed a need for information on temporary care or boarding, suggesting that aging populations may require additional support to maintain their relationship with their pets.

Overall, the findings suggest a need for targeted outreach, expanded veterinary access, and community support systems to ensure that all pet families can provide appropriate care and maintain healthy, fulfilling relationships with their pets.



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Due to their generosity and vision, the Foundation has awarded over \$301.3 million in grants toward increased community collaborations and live outcomes, pioneering shelter medicine education and establishing foster care as a standard across the US and driving innovation in access to care. Maddie's Fund proudly offers the industry a national voice, important funding opportunities for bold ideas, learning resources and access to collaborate and share innovative solutions.

The Foundation invests its resources in keeping with Dave & Cheryl's promise, that pets and their people would enjoy the same experience they had with Maddie. We are committed to keeping pets and people together, creating a safety net of care for animals in need and operating within a culture of inclusiveness and humility. #ThanksToMaddie.

Maddie's Fund is part of The Duffield Foundation Family which also includes [Liberty Dogs](#) and [Dave & Cheryl Duffield Foundation](#).

Role of the Funder

The funder had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; or decision to submit the manuscript for publication.

Conflict of Interest Disclosures

The authors reported no conflicts of interest.

AI Use Disclosure

Artificial intelligence (AI) tools were used to assist in language refinement during manuscript preparation. ChatGPT (OpenAI, San Francisco, CA; GPT-4o) was used to improve text clarity for non-scientific content. All AI-generated output was reviewed, revised, and approved by the contributors, who retain full responsibility for the content of this work.

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Appendix A - Pet Family Survey

Screening question: Are you 18 years of age or older?

1. No— TERMINATE INTERVIEW
2. Yes

Q1. Do you currently have a dog or a cat living in your household?

3. No – TERMINATE INTERVIEW
4. Yes

ADD CONSENT STATEMENT

If you agree to participate in this research study, please click <NEXT> to proceed with the survey.

Q2. First, I would like to get some information about your pets. How many dogs are in your household? _____ ENTER #

Q3. How many cats are in your household? _____ ENTER #

ASK FOR EACH PET Q4. What is the pet's name? _____

ASKED FOR EACH PET Q5. How old is the pet?

1. Under 1 year
2. 1-5 years
3. 6-10 years
4. 11-15 years
5. 16+ years
6. Not sure

ASKED FOR EACH PET Q6. Where did you obtain your pet?

1. Adopted from an animal shelter/rescue organization
2. Bought at a pet store, from a breeder, or from another source
3. Received as a gift
4. Was a stray that I took in
5. Received from a friend or family member
6. Other: PLEASE SPECIFY _____

ASKED FOR EACH PET – Q7. Which of the following statements is true for this pet?

1. The pet is not spayed or neutered
2. The pet was spayed or neutered when I got the pet
3. I had the pet spayed or neutered at a free or reduced cost clinic
4. I had the pet spayed or neutered at a veterinarian's office or clinic
5. Not sure
6. Refused

IF NOT SPAYED/NEUTERED Q8. Why is the pet not spayed or neutered?

1. I don't know where to have the service done
2. It's too expensive
3. I plan to spay/neuter when pet is old enough

4. I plan to spay/neuter for other reasons
5. I don't believe in spaying or neutering pets
6. I want to breed this pet
7. Other please specify: _____

ASKED FOR EACH PET Q9. Is the pet up to date on vaccinations?

1. No
2. Yes
3. Not sure

ASKED FOR EACH PET Q10. Is the pet microchipped?

1. No
2. Yes
3. Not sure

We have heard from many people with pets that sometimes they have problems with getting the kind of care they would like for their pets. We are trying to understand what kind of care is needed and how we might best be able to help. In order to do that, we need to know what problems exist. You are going to be asked a few questions about three different types of care that people seek for their pets. We would like for you to answer as honestly as possible. There are no right or wrong answers.

SECTION 1 – PREVENTATIVE CARE

The first type of care you are going to be asked about is preventative care. These are services a pet receives to avoid illnesses, diseases, and behavioral problems. This includes such things as annual exams; shots or vaccinations; heartworm, flea, or tick prevention; and advice about how to care for your pet.

Q11. In the past two years, has there been a time that you wanted or needed preventative care for your pet(s), but was not able to get it?

1. Yes
2. No – SKIP TO Q16
3. Refused – **SKIP TO SECTION 2**

Q12. **[SKIP THIS QUESTION IF ONLY ONE PET]** For which pet(s) were you not able to get preventative care? **CHOOSE FROM POPULATED LIST**

Q13. We would like to ask you a few questions about those times. About how many times did you want to get an annual exam or preventative care for your pet(s) but was not able to get it?
 _____ [USE 99 FOR REFUSED]

Q14. Thinking about the most recent time, what type of care did you want to get for your pet(s)?
[SELECT ALL THAT APPLY]

1. Shots or vaccinations
2. Heartworm, flea, or tick prevention
3. Advice about how to care for my pet
4. Help with preventing behavioral issues
5. Other: PLEASE SPECIFY _____
6. Refused

Q15. What were the reasons that you were not able to get the care? [CHECK ALL THAT APPLY]
out how many times did you want to get sick care for your pet but was not able to get it?
_____ [USE 99 FOR REFUSED] Q17.

Q21. Thinking about the most recent time you wanted or needed sick care and was not able to get it, what was the illness, injury, or symptom(s)? _____

Q22. What were the reasons that you were not able to get the care for your pet? [CHECK ALL THAT APPLY]

1. I could not afford it
2. I did not have a way to get there
3. I did not have a leash or pet carrier
4. I did not know where to get the care
5. I could not find a veterinarian or care provider who speaks my language
6. I could not find a veterinarian or care provider who was open during times I could take my pet
7. I couldn't find any available appointments when I needed it
8. I was concerned a veterinarian or care provider would think badly of me for not seeking care sooner
9. Other: PLEASE SPECIFY _____
10. Refused

SKIP TO SECTION 3– EMERGENCY CARE

Q23. Thinking about the most recent time one of your pets received treatment for an illness, where did you receive the care?

1. I did not seek treatment for an illness – SKIP TO SECTION 3
2. Veterinarian office or clinic
3. Animal shelter or other community program
4. Other: PLEASE SPECIFY _____
5. Refused

Q24. What was the illness or symptom that was treated? _____

SECTION 3 – EMERGENCY CARE

The last type of care we are going to ask about is emergency care. This type of care is for an illness, physical injury, or behavioral problem that needed immediate treatment.

Q25. In the past two years, has there been a time that you wanted or needed emergency care for your pet(s), but was not able to get it?

1. Yes
2. No – SKIP TO Q30
3. Refused – **SKIP TO Q30**

Q26. **[SKIP THIS QUESTION IF ONLY ONE PET]** For which pet(s) were you not able to get emergency care?

CHOOSE FROM POPULATED LIST

Q27. We would like to ask you a few questions about those times. About how many times did you want to get emergency care but was not able to get it? _____ [USE 99 FOR

REFUSED]

Q28. Thinking about the most recent time you wanted or needed emergency care and was not able to get it, what type of emergency care did your pet need? _____

Q29 What were the reasons that you were not able to get the care? [READ RESPONSES AND CHECK ALL THAT APPLY]

1. I could not afford it
2. I did not have a way to get there
3. I did not have a leash or pet carrier
4. I did not know where to get the care
5. I could not find a veterinarian or care provider who speaks my language
6. I could not find a veterinarian or care provider who was open during times I could take my pet
7. I couldn't find any available appointments when I needed it
8. I was concerned a veterinarian or care provider would think badly of me for not seeking care sooner
9. Other: PLEASE SPECIFY _____

Q30. Thinking about the most recent time your pet received emergency care, where did you receive the care?

1. I did not seek emergency care – SKIP TO Q32
2. Veterinarian office or clinic
3. Shelter or other community program
4. Other: PLEASE SPECIFY _____
5. Refused

Q31. What type of care did you get? _____

Q32. Do you have a veterinarian or veterinary practice that you normally use when your pet needs care?

1. No - SKIP TO Q35
2. Yes
3. Not sure

Q33. How do you usually get to where your pet receives veterinary care?

1. Vehicle that I own
2. Rely on family or friends
3. Public transportation
4. Paid transportation such as taxi or Uber or Lyft
5. Walk
6. Other _____

Q34. How long does it take you to get to where your pet receives care?

1. 5 minutes or less
2. 6 – 15 minutes
3. 16 – 30 minutes
4. 31 – 45 minutes
5. 46 – 60 minutes
6. More than an hour

Q35. If you were looking for veterinary care, where would you look? _____ ENTER
RESPONSE

Q36. Do you have medical insurance that covers illnesses and injuries for your pet(s)?

1. No
2. Yes
3. Not sure
4. Refused

[IF YES TO Q36] Q37. Is this a wellness plan policy or does it cover illness and emergencies?

1. Wellness plan only
2. Covers illness and emergencies
3. Not sure
4. Refused

Q38. Which of the following types of information would be helpful if available? Please choose all that apply.

1. Advice on training and behavior information
2. Laws regarding pets
3. Location of dog parks
4. Location of pet friendly restaurants/bars
5. Options for finding a new home for your pet
6. Options for temporary or emergency boarding
7. Pet care resources and clinics in your area
8. Pet friendly housing
9. Other Please Specify: _____
10. None of the above

Q39. Which of the following are laws where you live? Please choose all that apply.

1. A license is required for dogs
2. A license is required for cats
3. A microchip is required for dogs
4. A microchip is required for cats
5. Dogs must be spayed or neutered unless a breeder's permit is purchased
6. Cats must be spayed or neutered unless a breeder's permit is purchased
7. Proof of up-to-date rabies vaccination for dogs is required
8. Proof of up-to-date rabies vaccination for cats is required
9. Dogs must be on a leash when not on the owner's property
10. I don't know what the laws are

Q40. Please tell me how much you agree or disagree with this statement. My pet(s) is/are considered a member of my family.

1. Strongly disagree
2. Somewhat disagree
3. Neutral
4. Somewhat agree
5. Strongly agree
6. Refused

Q41. How often in the past 12 months has living with a pet caused you stress? Would you say....

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
6. Not applicable
7. Don't know / Not sure
8. Refused

Q42. Did your family have a pet while you were growing up?

1. Yes
2. No
3. Refused

[IF YES TO Q42] Q43. Are your memories of having a pet as a child positive or negative? Would you say that these memories are very positive, somewhat positive, somewhere in the middle, somewhat negative, or very negative?

1. Very positive
2. Somewhat positive
3. Somewhere in the middle
4. Somewhat negative
5. Very negative
6. Not sure
7. Refused

Q44. Would you say that in general your health is —?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Not sure
7. Refused

Q45. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? _____

Q46. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Q47. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? _____

Q48. Do you have medical insurance for yourself?

1. No
2. Yes

3. Not sure
4. Refused

Q49. Was there a time in the past two years that you or a member of your family (not including your pet(s) needed medical care but were not able to get it?

1. No
2. Yes

[IF YES TO Q49] Q50. What were the reasons that you or the family member were not able to get the care? Please choose all that apply.

1. Did not have insurance
2. Cost of care
3. Did not have a way to get to a doctor or clinic
4. Appointments were not available
5. I/Family member did not know where to get the care
6. Could not find a doctor who spoke my language
7. Other please specify: _____

Q51. If you had to be hospitalized or away from home for an emergency, would you have someone to care for your pet(s)?

1. No
2. Yes
3. Not sure

Q52. Which of the following has happened to you in the past two years? Please choose all that apply.

1. Surrendered a pet to an animal shelter or rescue because you could not afford or did not have access to veterinary care
2. Surrendered a pet to an animal shelter or rescue because you needed help with behavior concerns and you could not afford or did not have access to behavior resources needed
3. A pet died because you could not afford or did not have access to veterinary care
4. A pet was euthanized because you could not afford or did not have access to veterinary care
5. A pet was euthanized because you could not afford or did not have access to needed behavior resources
6. None of the above

We have just a few questions to help us in our analysis. Please remember that all of your answers are completely confidential.

Q53. First, what is your age? _____ ENTER AGE [USE 999 FOR REFUSED]

Q54. Do you consider yourself to be a female or a male?

1. Female
2. Male
3. Other
4. Prefer not to answer

Q55. How many people currently live in your household? _____ ENTER #

Q56. **[IF Q55 > 1]** How many children 18 and under live in your household? _____ ENTER #
[USE 99 FOR REFUSED]

Q57. In what state do you currently reside? _____ [USE 99 FOR REFUSED]

Q58. What is your zip code? _____ [USE 99999 FOR REFUSED]

Q59. Which of the following best describes where you live? Do you live in a large city (over 100,000 people), a small city (between 20,000 and 100,000 people), a town (between 5,000 and 20,000 people), a small town (Fewer than 5,000 people), or in a rural area?

1. Large city
2. Small city
3. Town
4. Small town
5. Rural - non farm
6. Rural - farm
7. Not sure
8. Refused

Q60. Do you live in a house, apartment, condo, duplex, mobile home, or some other type of dwelling?

1. House
2. Apartment
3. Condo
4. Duplex
5. Mobile home
6. Other
7. Refused

Q61. Are you Hispanic, Latino/a, or of Spanish origin?

1. No
2. Yes
3. Not sure
4. Refused

Q62. Which of the following racial categories describes you? You may select more than one. Would it be

1. American Indian or Alaskan Native,
2. Asian,
3. Black or African American,
4. Native Hawaiian or Other Pacific Islander, Or
5. White

6. [Do Not Read] Hispanic/Latino
7. [Do Not Read] Other
8. [Do Not Read] Refused

Q63. What is the highest grade or year of school you completed?

1. 11th grade or less
2. High school graduate or GED
3. 1 to 3 years of college (Some college or technical school)
4. Bachelor's degree
5. Graduate degree
6. Refused

Q64. What is your current marital status? Are you married, living with a partner, divorced, separated, widowed, or single?

1. Married
2. Living with a partner
3. Divorced
4. Separated
5. Widowed
6. Single
7. Refused

Q65. Thinking of all the income everyone in your household gets, such as work, retirement, Social Security, and other money from the government. If you add together everyone's before-tax income for a month, would it be more than \$_____, about \$_____, or less than \$_____?

[FIGURES WILL BE PROVIDED BASED UPON NUMBER OF PEOPLE IN HOUSEHOLD AND CURRENT POVERTY LEVEL DEFINITIONS]

1. More than
2. About the amount
3. Less than
4. Refused

Those are all our questions. Thank you for taking the time to participate in our survey.

Appendix B – Demographics Table

Variable	Category	US Population ^a	Weighted 2024 Survey Sample (n = 5038)	Unweighted 2024 Survey Sample (n = 5038)
Age (18+) ^b	18-34	25.6%	26.4%	22.6%
	35-54	33.6%	31.3%	35.8%
	55+	39.9%	42.3%	41.7%
Gender	Female	50.5%	54.4%	58.4%
	Male	49.5%	45.3%	41.4%
Household income ^b	Below \$25k	15.2%	16.5% (<138% FPL)	39.5% (<138% FPL)
	Below \$35k	22.0%		
	\$25k–\$50k	17.1%	18.5% (138–250% FPL)	27.3% (138–250% FPL)
	\$35k–\$75	26.4%		
	>\$50K	67.7%	65.0% (>250% of FPL)	33.2% (>250% of FPL)
	>\$75k	51.6%		
Race	White	60.5%	61.1%	59.5%
	Black or African American	12.1%	19.5%	19.3%
	Asian	6.0%	8.6%	7.9%
	American Indian or Alaskan Native	1.0%	3.8%	4.1%
	Native Hawaiian or other Pacific	0.2%	1.1%	1.2%
Hispanic/Latino/a origin		19.4%	21.0%	23.3%
Educational attainment ^c	Less than high school degree	10.2%	2.1%	3.3%
	High school or equivalent	25.9%	19.2%	23.2%
	Some college or associate's degree	26.7%	30.8%	33.2%
	Bachelor's degree or higher	36.2%	47.9%	40.3%
Dwelling type ^b	House/1-unit	67.4%	72.8%	69.1%
	Duplex/2-units	3.3%	2.0%	2.3%
	Condo or apartment/3+ units	23.7%	21.4%	23.7%
	Mobile home	5.5%	2.8%	4.0%
Urbanicity ^b	Large city	31.0%	36.7%	37.0%
	Small city, suburb, or town	55.0%	50.8%	49.3%
	Rural	13.0%	12.1%	13.1%

Variable	Category	US Population ^a	Weighted 2024 Survey Sample (n = 5038)	Unweighted 2024 Survey Sample (n = 5038)
Marital status ^d	Married	48.2%	49.1%	45.4%
	Single	34.4%	35.4%	36.0%
	Divorced	10.4%	8.9%	10.8%
	Widowed	5.4%	4.8%	5.6%
	Separated	1.6%	1.7%	2.3%
Average number of people in the household		2.49	2.66	2.74
Percent of households with children under 18		36.0%	29.1%	32.4%

^aThe data source was the [US Census Bureau](#)’s 2023 American Community Survey (ACS). When unavailable, data were pulled from [Neilberg Research](#).

^bThe exact phrasing was different in our survey compared to the ACS, so categories were adjusted or combined for fair comparison.

^cThe ACS reports this for the population 25 years and over, while the survey was 18 years and over.

^dThe ACS reports this for the population 15 years and over, while the survey was 18 years and over.

Table showing demographics for the US population compared to the 2017 and 2024 survey samples.

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