

The Veterinary Phone Line: a 2026 first look

What clients call about, when requests arrive, and what happens between an answered call and the next step.

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Across this panel of veterinary clinics, the median clinic received 35 inbound calls per weekday. The line peaked at 11 a.m., but transfers to staff were most likely to go unanswered at 1 p.m., when 35.2% did not reach a person. The busiest calling hour and the most difficult handoff hour were not the same.

Research sample: Based on a panel of veterinary clinics on PupPilot — more than 100,000 inbound calls and hundreds of thousands of minutes of conversation between March and September 2026. Each finding uses the eligible subset appropriate to its question.

KEY FIGURES

35

The median clinic received 35 inbound calls per weekday, while the middle half of clinic-day observations ranged from 14 to 106.

35.2%

The unanswered-transfer share rose from 19.7% at 8 a.m. to 35.2% at 1 p.m., in clinic-local time.

13.8%

Among calls with a stated urgency, the emergency-classified share was 3.9% during business hours and 13.8% after hours.

98.9%

On 98.9% of business-hours calls, the caller spoke to the assistant; the monthly speaking rate stayed within 97–99% from March through September.

A call count says how much contact arrived. It does not show what the caller needed, whether a person was free to take them, or which step was left unfinished. The findings in this first look follow the request one stage further: when calls arrive, what

callers ask for, how urgent they say it is, whether a handoff to staff connects, and whether a conversation begins when an assistant answers.

Read together, the findings show a Monday-heavy phone line, scheduling as its largest business-hours reason label, and a higher share of emergency-classified requests in the after-hours analysis. They also show how much the answer depends on the clinic: observed unanswered-transfer rates ranged widely, and the median clinic rate was 37.1%. The figures describe different parts of the interaction, not a single measure of performance.

What follows is organized by question. Each result comes from the September 28, 2026 snapshot and uses the eligible subset appropriate to that question. The sample, the measure, and what the number cannot support are stated together; a fixed edition snapshot should not be mistaken for evidence of a constant cohort across months.

How much work arrives through the phone line?

The median clinic received 35 inbound calls per weekday. Across clinic-day observations, the middle half ranged from 14 to 106 calls, and the busiest tenth exceeded 162.

That variation is part of the finding. A clinic deciding how to cover the phone needs to understand both its ordinary days and its heavier ones. A benchmark without a distribution can conceal the days that make a coverage plan difficult to sustain.

Workload measure	Result
Median clinic's inbound calls per weekday	35
Middle half of clinic-day observations	14–106
Busiest tenth of clinic-day observations	More than 162
Monday's share of weekly volume	21.3%
Sunday's share of weekly volume	1.4%

Workload measure	Result
Share of daily volume in the 11 a.m. hour	13.0%
Share within Monday–Friday, 8 a.m.–5 p.m.	85.4%

Clinic-level summaries, clinic-day distributions, and timing shares use different units.

Monday carried the largest weekday share, at 21.3% of weekly volume. The 11 a.m. hour was the daily peak, with 13.0%. Those results describe the observed panel; they do not adjust for clinic size, opening hours, or services offered.

Duration added another dimension. Business-hours calls classified as assistant-resolved had a median recorded duration of 70 seconds. Calls involving a transfer had a median of 155 seconds, and after-hours calls a median of 35 seconds.

Recorded call group	Median duration
Assistant-resolved, business hours	70 seconds
Involving a transfer	155 seconds
After hours	35 seconds

These groups are not an additive partition of calls, and recorded duration is not human handling time.

A short call is not automatically a completed request. Nor does a transferred call's duration establish how long a staff member spent working.

The practical starting point is to keep arrival counts, elapsed duration, human handling time, and outcomes separate. Each measures a different part of the work.

What happens when the caller needs a person?

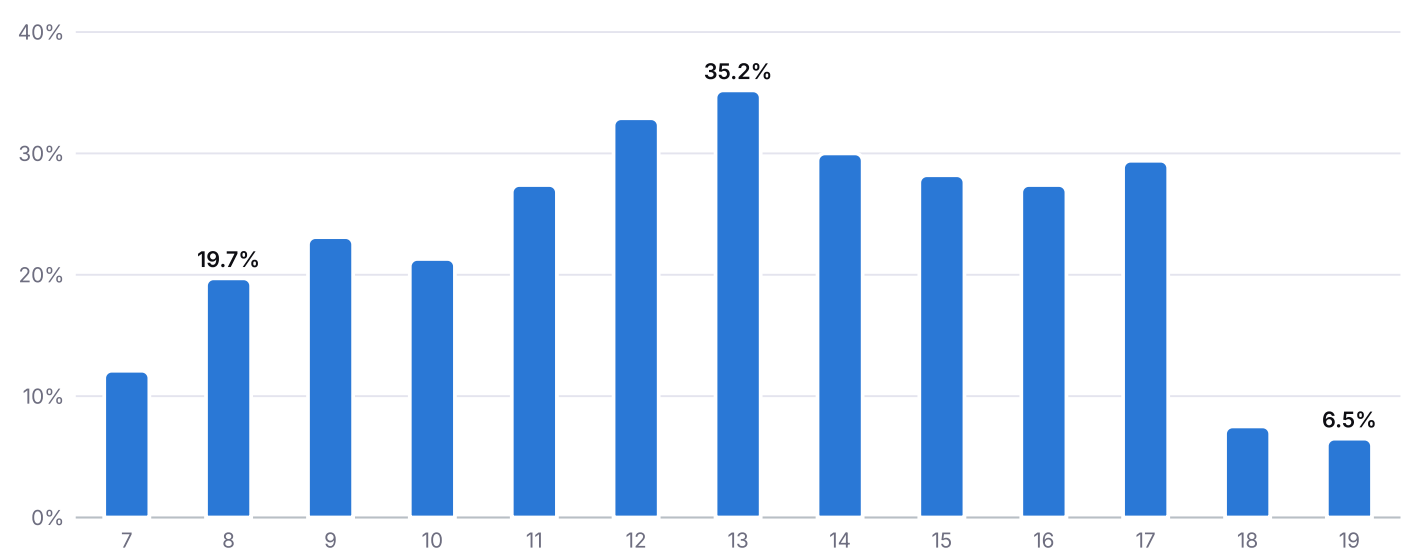
Across the transfer analysis, 26.1% of assistant-to-staff handoffs were not answered by a person within the configured ring window. Restricting the analysis to clinics with at least 200 transfers produced a similar pooled rate of 25.8%.

These callers had already reached the assistant. The unanswered event occurred at the next stage, when the call was offered to clinic staff. Describing it as a conventional missed call would erase that distinction.

The timing was notable. At 8 a.m., 19.7% of transfers were unanswered by a person. The share reached 32.9% at noon and 35.2% at 1 p.m. It did not rise smoothly through the morning, and the highest arrival-volume hour was not the highest unanswered-transfer hour.

Transfers to staff not picked up by a person, by clinic-local hour

Panel of clinics on PupPilot, Mar-Sep 2026 · clinics with day-assistant traffic · hours with enough transfers to report



At noon and 1 p.m., 32.9% and 35.2% of transfers were not answered by a person, compared with 19.7% at 8 a.m. The table includes every hour plotted above.

Clinic-local hour	Transfers not answered by a person
7 a.m.	12.1%
8 a.m.	19.7%
9 a.m.	23.1%
10 a.m.	21.3%
11 a.m.	27.4%

Clinic-local hour	Transfers not answered by a person
Noon	32.9%
1 p.m.	35.2%
2 p.m.	30.0%
3 p.m.	28.2%
4 p.m.	27.4%
5 p.m.	29.4%
6 p.m.	7.5%
7 p.m.	6.5%

Each percentage uses transfers attempted within that local hour.

The pattern gives a manager something specific to examine with the team. Coverage, concurrent responsibilities, clinic schedules, and routing could all be relevant. The phone records do not isolate their effects, so a capacity review is more appropriate than assigning a cause to the people answering.

Clinic-level rates also varied widely. Among clinics with at least 200 transfers, the median clinic did not reach a person on 37.1% of transfers, and the best-run clinics missed fewer than 1%.

The median gives each clinic equal standing in a ranked distribution; the pooled rate gives each transfer equal weight. A busy clinic therefore contributes more to the pooled figure. Neither number is an adjusted ranking of clinic quality.

Urgency introduced a second distinction. Calls classified from the caller's description as emergencies were transferred to staff 94.3% of the time.

What do clients need when they call?

Scheduling appeared in 35.6% of the business-hours phone items included in the reason analysis. Prescriptions appeared in 12.2%, basic questions in 10.0%, and illness or injury in 9.6%. An item could carry more than one reason label.

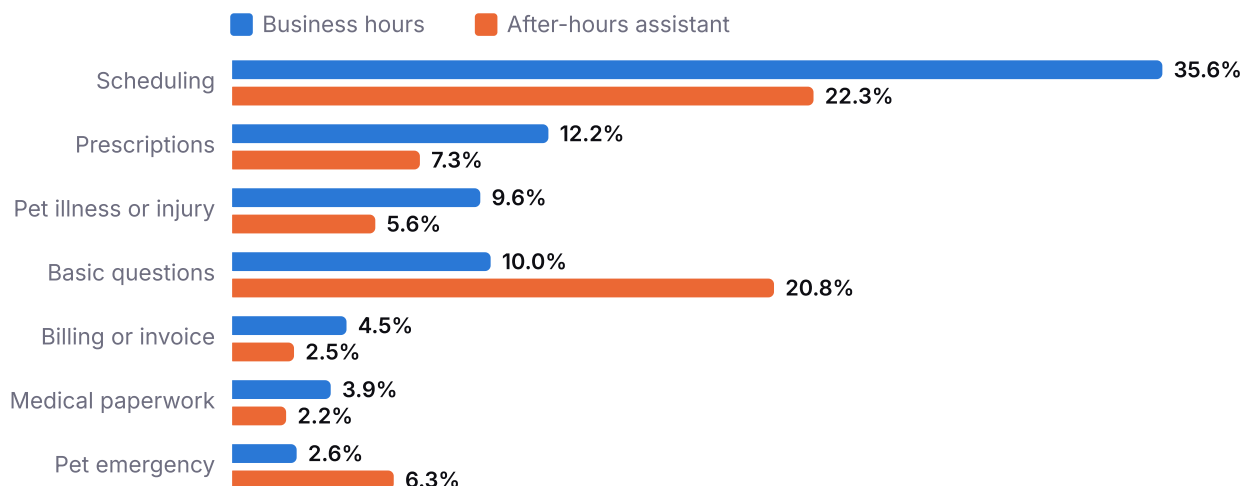
A reason mix makes the workload more recognizable. An appointment request, a medication question, and a request for records may all enter through the same number while needing different information, permissions, and next steps. Their shared channel does not make them the same job.

Selected call reason	Business-hours phone items	After-hours-assistant phone items
Scheduling	35.6%	22.3%
Prescriptions	12.2%	7.3%
Basic questions	10.0%	20.8%
Illness or injury	9.6%	5.6%
Billing	4.5%	2.5%
Medical paperwork	3.9%	2.2%
Pet emergency	2.6%	6.3%

Selected call reasons are shown; other calls are not displayed. Percentages use all phone items in each reason-analysis group. Items can carry more than one label, so the shares are not expected to total 100%.

Selected reasons for calling

Panel of clinics on PupPilot, Mar–Sep 2026 · items can carry more than one category



Scheduling appeared in 35.6% of business-hours phone items. Basic questions appeared in 20.8% of after-hours-assistant phone items, compared with 10.0% during business hours. Selected reasons are shown, not a complete breakdown of calls.

In the after-hours-assistant reason analysis, scheduling appeared in 22.3% of phone items, compared with 35.6% during business hours. Basic questions accounted for 20.8% after hours and 10.0% during business hours.

This edition reports what callers asked for, not what happened next; booking and refill outcomes are a separate measure for a later edition.

What changes beyond the usual working day?

A routing measure found that one call in five (20.5%) reached the after-hours assistant; the median clinic-month routing share was 19.6%. By the clock, at full-line clinics, 8.8% of calls arrived after 6 p.m. or at the weekend, while 14.6% fell outside Monday–Friday, 8 a.m.–5 p.m.

The three pooled percentages need their definitions beside them. Two describe clock-time windows. The other describes where a call was routed. None automatically measures calls received while a particular practice was closed.

After-hours measure	Share
After 6 p.m. or at the weekend, full-line clinics	8.8%
Outside Monday–Friday, 8 a.m.–5 p.m., full-line clinics	14.6%
Reached the after-hours assistant, routing analysis	20.5%
Median clinic-month share reaching that assistant	19.6%

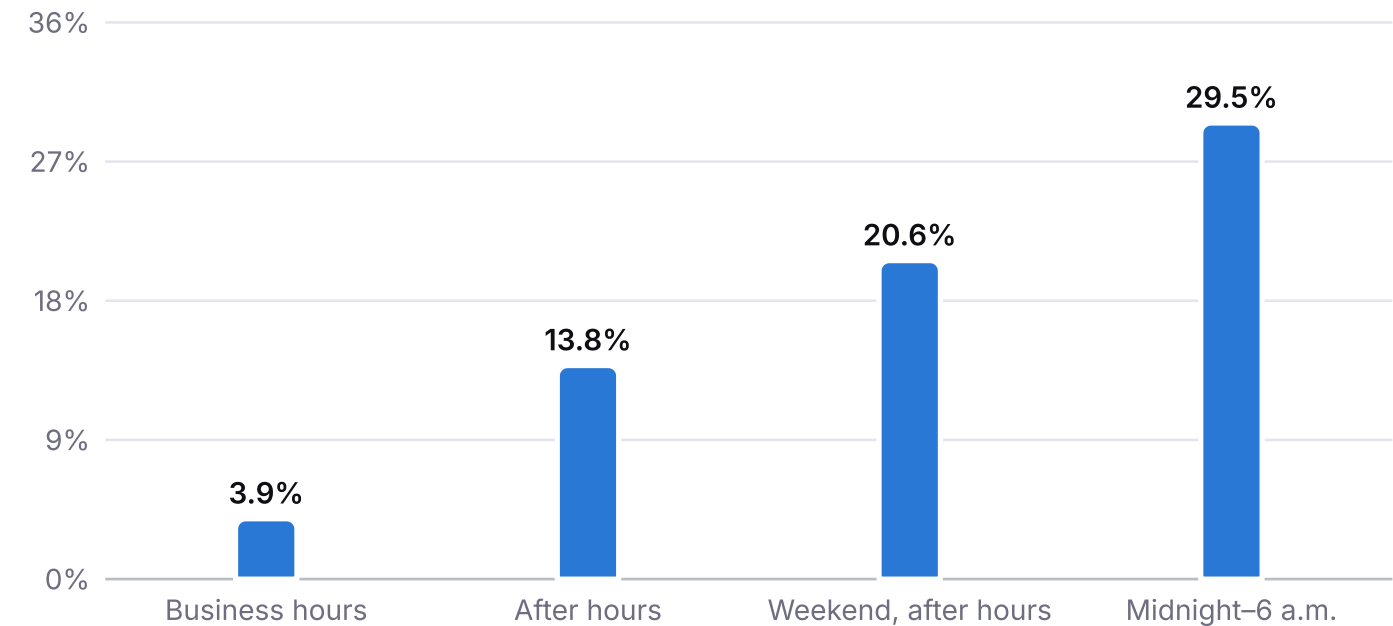
Different windows and units; the figures are not interchangeable.

The assistant's workload extended into the working day. Of calls reaching that assistant, 22.7% arrived before 9 a.m., 48.5% arrived on weekdays between 9 a.m. and 5 p.m., and 2.0% arrived between 10 p.m. and 6 a.m. These summaries can overlap and do not form a complete set of time buckets.

The urgency mix also changed. Among calls with a stated urgency, 3.9% were classified as emergencies during business hours and 13.8% after hours, approximately 3.5 times as high. The corresponding shares were 20.6% for weekend after-hours calls and 29.5% between midnight and 6 a.m.

Share of calls describing an emergency, by when the call arrived

Panel of clinics on PupPilot, Mar–Sep 2026 · calls where the caller stated urgency



Among calls with a stated urgency, the emergency-classified share was approximately 3.5 times as high after hours as during business hours. The groupings overlap; these are caller-described classifications, not clinical diagnoses.

Call grouping	Emergency-classified share among calls with a stated urgency
Business hours	3.9%
After hours	13.8%
Weekend, after hours	20.6%
Midnight–6 a.m.	29.5%

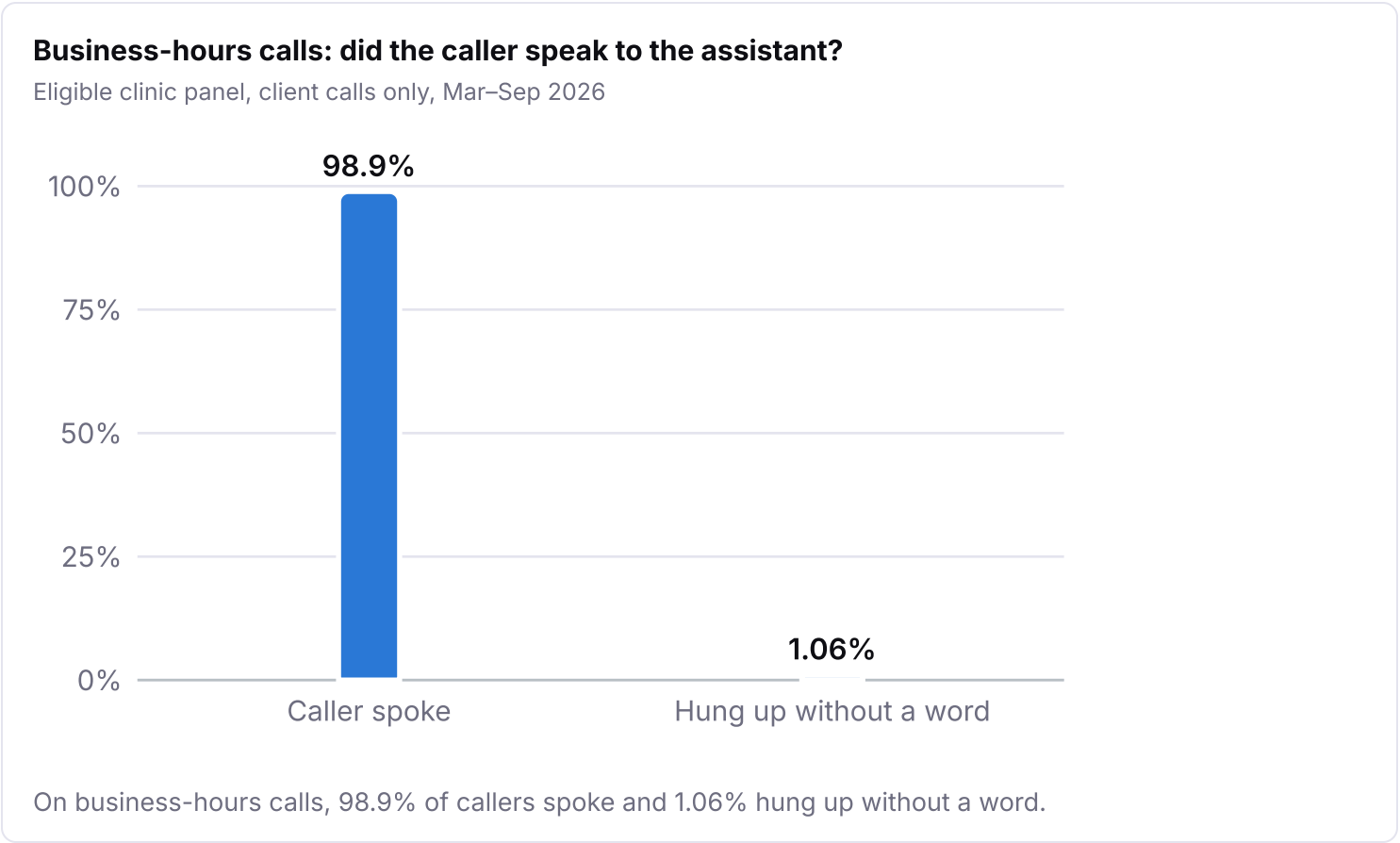
Groupings can overlap. These urgency labels reflect the caller's description, not a veterinary diagnosis.

A larger emergency share is not necessarily a larger emergency count. The overnight calls can be a smaller group with a more urgent mix. Planning requires both the number arriving and the pathway available when one needs attention.

Do callers speak when an AI answers?

On 98.9% of business-hours calls, the caller spoke to the assistant; 1.06% ended without the caller speaking. The silent-hang-up share after hours was 1.35%.

The monthly business-hours speaking rate stayed between 97% and 99% in every month from March through September as new clinics joined the panel. Speaking remained common month after month, and silent hang-ups were uncommon in both the business-hours and after-hours groups.



Business-hours call behavior	Share
Caller spoke	98.9%
Caller hung up without speaking	1.06%

Business-hours speaking behavior, March–September 2026.

In September, 12% of text-backs sent after silent hang-ups received a reply. A written exchange began after the phone call ended without caller speech.

These are separate milestones: the caller spoke during the call, or a follow-up message received a reply after a silent hang-up. Keeping them separate shows where communication began.

Do the patterns differ between cat- and dog-related calls?

About two-thirds of pets mentioned were dogs. The after-hours share was 16.4% for cat-related calls and 11.8% for dog-related calls; the multi-pet scheduling shares were 7.5% and 4.4%, respectively.

Species-related observation	Cat-related group	Dog-related group
After-hours share	16.4%	11.8%
Multi-pet scheduling share	7.5%	4.4%

Results describe the eligible species-related groups in the panel, not pet ownership in the wider population.

These differences may be useful questions for a practice to investigate, but the analysis does not explain why they occurred. Service mix, the callers represented, and other features of the participating clinics could influence the results.

Nor should mentions be treated as a patient census. One call can mention multiple animals, and a patient can appear across several calls. The useful observation concerns the communication arriving through this panel's phone lines.

Which languages appear in the calls?

Spanish was detected on 3.7% of calls included in language detection. Other detected languages included Portuguese, French, German, and Tagalog.

That is a share of calls with language-detection data, not necessarily all inbound calls. It is not a direct measure of clients' preferred language or the number of people who need interpretation.

For a practice reviewing access to communication, the difference matters. A detected language can identify something to examine, but the next step is to confirm what the client needs and which communication options the clinic supports.

How often do the same callers return?

Across the seven-month observation period, 49.4% of client phone numbers called the same clinic again. Repeat calls accounted for 61.9% of call volume, with 2.6 calls per caller.

Repeat-calling measure	Result
Client numbers calling the same clinic again within the observation period	49.4%
Share of call volume classified as repeat calls	61.9%
Calls per caller over the observation period	2.6

Phone-number-based observations do not establish unique people, distinct requests, or unresolved work.

A repeat call can be entirely appropriate. A client may contact the practice about a different patient or a new request. The frequency alone cannot distinguish continuity of care from a problem that required another attempt.

The more useful local question is whether the same request returned without a clear next step. Answering it requires connecting calls to request histories, not treating every returning number as evidence of failure. Observation time also matters: a number first seen near the end of the study has less opportunity to call again.

How was this research measured?

The first look brings together operational call measures from a panel of clinics using PupPilot's assistant. It is not a random sample of veterinary practices. The overall sample description does not serve as the denominator for every percentage: transfer, reason, urgency, language, and follow-up analyses use different eligible subsets.

For transfers, a completed transfer on a call that did not end in clinic voicemail was classified as answered by a person. The configured ring window averaged about 28 seconds. Where pickup timing was available from July onward, the median was nine to ten seconds among answered transfers. This is an operational classification rather than an independently observed staffing measure.

Figures are from the September 28, 2026 snapshot under the panel-eligibility rule on the methodology page. The speaking and text-back analyses count client calls only: clinic-side lines placing more than 30 calls in the reporting window and calls ended by a line fault are excluded. Reason labels can overlap; urgency reflects the caller's description. Times are clinic-local.

The monthly speaking range describes each month's eligible business-hours calls, with the participating clinics changing over the period. The text-back rate uses replies as a share of follow-up messages sent after silent hang-ups in September. Speaking is engagement, not a satisfaction survey or a measure of preference; a text reply does not establish that the request was resolved. The displayed speaking and silent-hang-up percentages retain their source precision and may not sum exactly because of rounding.

Results should remain attached to these definitions. Pooled rates give more weight to clinics with more observations. Clinic medians describe a different distribution. Changes in panel membership can alter an aggregate even without a change inside any one practice; a trend requires a comparable cohort and consistent measurement.

What can a practice measure next?

Start with a question narrow enough to answer. For a lunch-hour handoff problem, calculate unanswered transfers divided by eligible transfer attempts within that period. Keep the configured ring window consistent, retain the underlying counts, and distinguish voicemail from other unsuccessful outcomes.

For workload, retain daily counts and group arrivals by local hour. Add actual opening hours and coverage information before deciding that a high arrival share and a high unanswered-transfer share have the same explanation.

For reasons, calculate the share of eligible phone items carrying each label, using the full reason-analysis denominator even when displaying only selected reasons. Then record the next step. A reason without an outcome describes demand, but it cannot show whether the work moved forward.

For after-hours demand, use the practice's real opening-hours calendar. Keep calls arriving while closed separate from calls routed to an after-hours service. For client experience, observe whether conversation began, but measure satisfaction and request completion directly when those are the questions at issue.

A useful review follows a request from arrival to a documented outcome. It shows the team where information, attention, or responsibility needs to pass to someone else. That is the contribution these findings can make: a clearer view of where the phone line fits into the work of the practice, and a more specific place to begin improving it.

In this edition

FINDING

How often does a call handed to the front desk go unanswered?

One transfer in four (26.1%) did not reach a person within the ring window; at 1 p.m. it was one in three. The assistant had already answered every one of those calls.

FINDING

Why do pet owners call the vet?

Scheduling is on 35.6% of business-hours calls and prescriptions on 12.2%. After hours, one call in five is a basic question — and emergencies run 3.5 times the daytime rate.

FINDING

The veterinary front-desk phone workload: how many calls, when, and how long?

The median clinic takes 35 calls on a weekday; the busiest tenth of clinic-days pass 162. Calls peak at 11 a.m., and the assistant resolves a business-hours call in a median 70 seconds.

FINDING

After-hours veterinary calls: what comes in beyond the usual working day?

FINDING

What happens when an AI answers a veterinary clinic's phone?

98.9% of business-hours callers spoke to the

FIELD NOTE

Which languages appear on the veterinary phone line?

Spanish is detected on 3.7% of calls — in parts of the

One call in five (20.5%) reaches the after-hours assistant — before opening, over lunch and when the desk can't pick up. 8.8% of calls arrive after 6 p.m. or at the weekend.

assistant; about one in a hundred hung up without a word. The monthly rate stayed between 97% and 99% from March through September.

panel, one call in ten. Portuguese, French, German and Tagalog follow.

FIELD NOTE

How often do the same clients call a veterinary clinic again?

Half of the numbers that call a clinic call it again; returning callers make up 61.9% of the phone line's volume.

METHODOLOGY

How The Veterinary Phone Line is measured

The panel, the constructs, the exclusions, and what a figure on these pages can and cannot support.

DATA

Data: The Veterinary Phone Line, 2026 first look

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On the statistics page

How many phone calls does a veterinary clinic get per day?

35 inbound calls on a weekday at the median clinic

What time of day do people call the vet?

13.0% of a clinic's daily calls arrive in the 11 a.m. hour, the busiest hour of the day

What share of veterinary calls come after hours?

8.8% of calls arrive after 6 p.m. on a weekday or at the weekend (clinic-local time, full-line clinics)

What share of veterinary calls reach the after-hours assistant?

20.5% of calls reached the after-hours assistant rather than the daytime flow

How often does a call transferred to the front desk go unanswered?

26.1% of calls the assistant transferred to clinic staff were not picked up by a person within the ring window

Does an emergency call get through to veterinary staff?

94.3% of calls a caller described as an emergency were transferred to staff

How long is a veterinary phone call?

70 s median length of a business-hours call the assistant resolves on its own

Why do pet owners call the vet?

35.6% of business-hours calls involve scheduling

How urgent are calls to a vet clinic, and when do the urgent ones arrive?

13.8% of after-hours calls with a stated urgency were emergencies, 3.5 times the business-hours rate

Do pet owners talk to an AI receptionist when it answers?

98.9% of business-hours callers spoke to the AI assistant

Are veterinary phone calls mostly about dogs or cats?

66.8% of dog-or-cat mentions on clinic calls were dogs

Which languages appear on the veterinary phone line?

3.7% of calls with language detection were in Spanish

How often do the same clients call a veterinary clinic again?

49.4% of client numbers called the same clinic again within the window

Cite this

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Data: The Veterinary Phone Line, 2026 first look

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Verified Veterinary Statistics

About this research: PupPilot Research examines call records from a panel of veterinary clinics using PupPilot. The findings describe observed calls and requests within that panel.