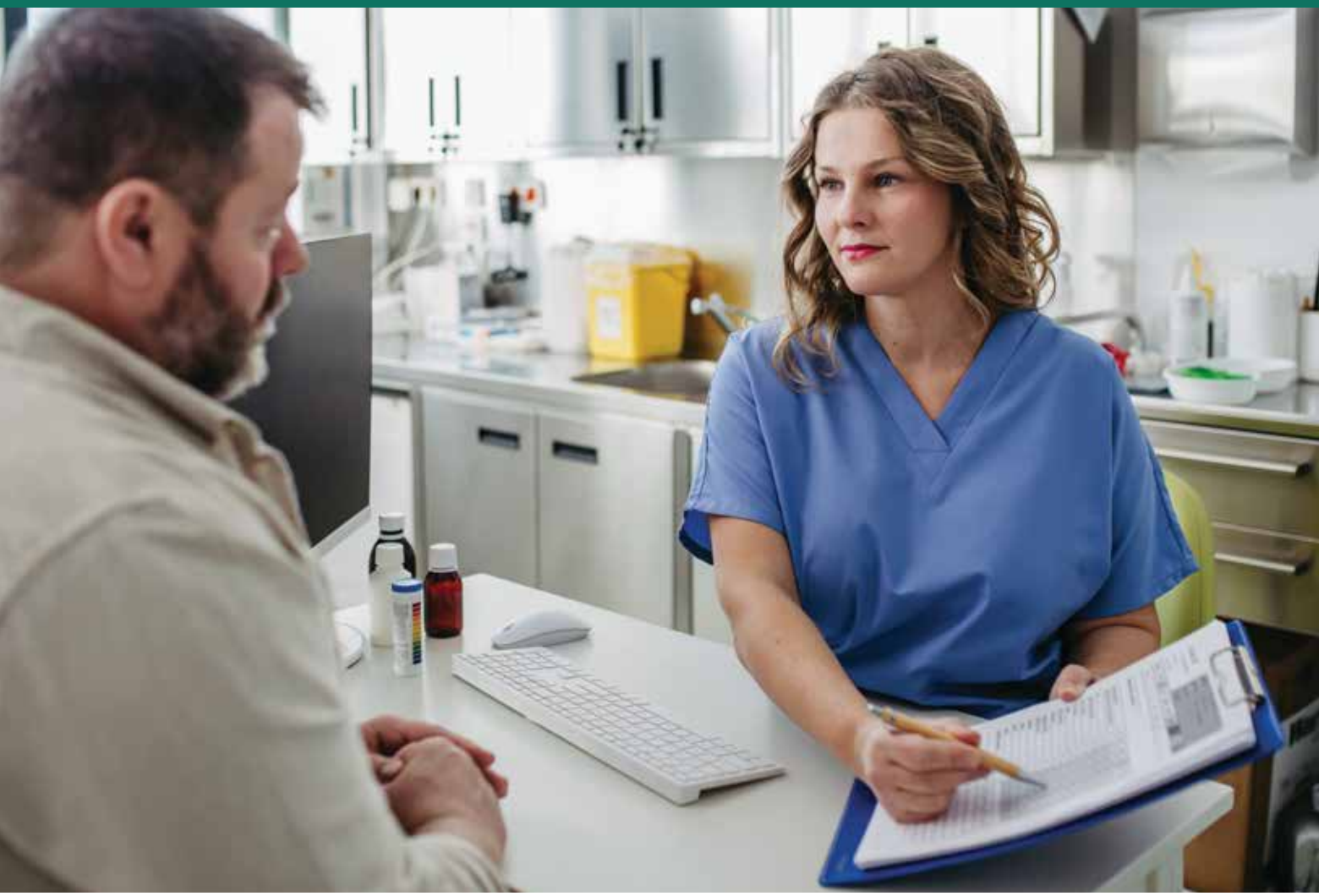

CRITICAL CONVERSATIONS

# Discussing Costs With Empathy

***Theresa Cosper-Roberts***, *MA, RVT, CVPM, ACVE(DE)*
*Purdue University College of Veterinary Medicine, West Lafayette, Indiana*

Cost is the single largest barrier to veterinary care in the United States, with cost conversations happening every day in every practice.[1] The veterinary nurse/technician is the team member most consistently present from intake through discharge, which makes this role the person the client interacts with before, during, and after the estimate is reviewed. When these conversations are handled poorly, patients do not receive needed treatment and clients leave the practice. The structure of the conversation, more than the content of any single recommendation, determines what happens next.

Halfpoint/shutterstock

## UNDERSTANDING THE DISCONNECT

The gap between what veterinary team members offer and what clients receive is well documented. Client finances limit the team's ability to provide recommended care in many practices, and cost is cited as the reason clients decline care more than twice as often as any other factor.[1] Approximately 73% of pet owners who declined care report no alternative was offered, while 81% of veterinarians believe they offered one.[1]

In most practices, the cost conversation happens after the veterinarian has already presented the recommended plan. The client hears a recommendation, attaches an emotional meaning to it, and begins forming an opinion before any conversation about cost takes place. By the time the team offers a lower-cost option, the client has already decided to decline.

## WHAT EMPATHY LOOKS LIKE IN A COST CONVERSATION

Empathy in a cost conversation is the deliberate practice of organizing information so that the client can hear it, weigh it, and act on it. Empathy in these conversations is structural, not tonal. Softer language and longer pauses do not change a client's ability to act on information they do not yet have. What changes a client's ability to act is the order in which information arrives, the language used to describe it, and whether the team discloses options before the client is forced to ask.

**BOX 1**

**Information to Gather Before the Estimate[2]**

- What are the client's biggest concerns about the pet?
- What is the client's ability to provide treatment at home and return for rechecks?
- What does the client need to accomplish this visit?

## STARTING BEFORE THE ESTIMATE

Cost conversations begin during history taking, well before any estimate is generated. A short sequence of questions, asked early and recorded as a part of the clinical record, can alter the trajectory of the entire visit (**BOX 1**). These questions are not financial screening tools but rather clinical history that informs what the veterinarian recommends and how their recommendations can reasonably be carried out in the client's life.

Preparation also happens on the team side before drafting the estimate. Identify the client's stated goals for the pet's care and what the client can do at home, since both shape which plan is executable. Translate the medical terminology the client will encounter into

**BOX 2**

**The Do's and Don'ts of Cost Conversations**

**Do:**

- Ask about the client's goals for the pet's care and what they can realistically do at home.
- Translate medical terminology into plain language before the client hears a number.
- Present at least 2 medically defensible options, with a clear recommendation from the veterinarian.
- Disclose today's costs alongside foreseeable future costs.
- Name available payment pathways during the estimate review, before the client asks.
- Document the client's stated goals and constraints in the medical record.

**Don't:**

- Wait for the client to raise cost before exploring goals for care.
- Present an option the practice would not clinically endorse just to have a cheaper plan.
- List options without a recommendation and ask the client to choose.
- Quote a single visit's cost when additional care is foreseeable.
- Make the client signal financial distress before offering payment options.
- Assume that silence on cost means the client can afford the recommended plan.

plain language before the conversation begins, not in real time while the client is processing a number.

Prepare at least 2 options that the veterinarian has determined are medically defensible. These options may differ in sequence, scope, or setting. Staging diagnostics across 2 visits, treating empirically while a result is pending, and managing a condition medically before pursuing a surgical solution are all variations the veterinarian can stand behind. An option assembled by removing line items until the total looks affordable is not one of them.

Attribute the options to the veterinarian when presenting them. Telling the client that the veterinarian reviewed the pet's history and considers either plan appropriate establishes the lower-cost option as medicine rather than as something the team assembled to lower a number.

## PRESENTING OPTIONS

When presenting options, walk the client through what each option includes, what each option does for the patient, and how the options differ (**BOX 2**). When the lower-cost option is one the practice would not clinically endorse, the spectrum of care is not being practiced, it is being performed, and the client typically recognizes the performance.

Present each option in language the client can follow. Medical shorthand such as "CBC, chemistry, and UA, $220" means little to a client without a clinical background. Restating the same item as "lab work to check how the organs are working, $220" tells the client what the money is for. Communicate value in terms of what the service does for the patient. For example, "We recommend a preanesthetic panel" describes an action while "This tells us whether her kidneys can handle the anesthesia safely" describes a reason. Present today's costs alongside the costs the client should expect to follow, particularly in urgent contexts where the preference for present and foreseeable future cost disclosure is strongest.[3]

Pair the options with a clear recommendation from the veterinarian. Clients consistently prefer collaborative decision-making over being handed a list of choices to sort through alone, regardless of appointment type or complexity.[3] The recommendation does not remove options from the client. It tells the client what the practice would do with the same pet under the same circumstances, which is the information the client is usually asking for when they ask what you would do.

**BOX 3**

**Signs the Cost Conversation Is Going Sideways**

**The client:**

- Goes quiet when the number is named
- Asks the same question twice
- Redirects to a nonmedical topic
- Asks what you would do if it were your pet
- Quickly agrees without asking any questions
- Begins negotiating individual line items rather than discussing the plan

## READING THE ROOM

Not every cost conversation fails the same way. Some clients agree to the full estimate and leave the appointment with no intention of completing the plan. Some go quiet when the number is named, and the team mistakes silence for agreement. Recognizing the signs early creates the opportunity to slow down, restate options, or bring the veterinarian back into the room before the client declines (**BOX 3**).

## NAMING PAYMENT OPTIONS BEFORE THE CLIENT ASKS

Only 23% of pet owners recall ever being offered a financing or payment plan option when cost was a barrier.[1] In most practices, the team waits for the client to signal financial distress before payment pathways are mentioned. That structure puts the conversation in the wrong order. The client has to disclose first, and the team responds second.

Name the payment pathways the practice offers during the estimate review as part of the standard presentation of options. The client should hear what is available before they have to ask what is available. The categories the practice carries, whether that includes third-party financing, in-house payment arrangements, wellness plans, external funding sources, or pet insurance for forward planning, can be named in a single sentence when the estimate is reviewed. The script does not need

to be long. It needs to be consistent, delivered the same way to every client regardless of presentation, so the team is not making a judgment about who needs the information and who does not. Naming the pathways early treats payment options as part of the care plan rather than as a rescue measure for clients who admit they need one.

## WHEN THE CLIENT CANNOT SAY YES

The most difficult cost conversation in veterinary medicine is the one that ends in economic euthanasia.

In the room, validate the client's emotion without minimizing it. The client is not declining treatment due to a deficiency of love. The client is declining treatment due to a financial reality that cannot be overcome in the room. Resist the temptation to suggest alternatives that do not exist in the community. Floating relinquishment when no pathway exists protects no one and extends the client's anguish. The veterinary nurse's/technician's job in that moment is to stay in the room with the client, not to solve a problem that has no available solution.

## CLOSING THE GAP

The gap between what veterinary practices offer and what clients receive does not close through harder work. It closes through a change in the structure of the conversation, and the veterinary nurse/technician is the staff member positioned to lead that change. Every client who walks through the door deserves a complete conversation about the pet's condition, the options available, and the costs attached to those options. The investment required to provide that conversation is smaller than the cost of the alternative, both for the patient and for the practice. **TVN**

### References


1. State of pet care study: veterinarian perspectives of American veterinary care. Gallup. 2025. Accessed June 30, 2026. https://www.gallup.com/analytics/659123/gallup-petsmart-charities.aspx
2. Nettifee JA. Spectrum of care in veterinary medicine and the role of the veterinary nurse. *Todays Vet Nurse*. 2026;9(3):28-32.
3. Groves CNH, Coe JB, Sutherland KA, Bauman C, Grant LE. Clients prefer collaborative decision-making with veterinarians regardless of appointment type. *JAVMA*. 2025;263(1):1-11. https://doi.org/10.2460/javma.24.06.0421



**Theresa Cosper-Roberts**

Theresa is a certified veterinary practice manager and registered veterinary technician. A distinguished expert of the Academy of Veterinary Educators, she has over 10 years of experience educating veterinary professionals. She is a senior consultant for National Veterinary Solutions, LLC, with a focus on practice management and veterinary education. She also serves as an instructor of veterinary technology and veterinary practice management at Purdue University College of Veterinary Medicine.