

VetVisit

Subscription telehealth for routine pet questions — text/photo a vet, response in 4 hours. Most pet questions don't need a physical exam but currently always require one because no triage layer exists. \$9/month.

Category	Set 6 · Consumer & Family
Customer	Pet owners (dogs + cats primarily) wanting structured vet guidance for routine questions without full clinic visits
Monetisation	\$9/mo Standard (unlimited routine questions) · \$29/mo Premium (vet video call within 24h) · per-question \$5 for non-subscribers
Build effort	Med
Plan version	v1.0 — 2026-05

Executive Summary

VetVisit is a subscription telehealth service for pet owners. The wedge: most pet questions don't require a physical vet exam (is this rash normal? what's the right dosing for this medication? my cat's eating less — should I be worried? he's limping after a long walk — should I rest him? appropriate diet for new puppy?) but currently always require a physical visit because no convenient triage layer exists. Result: pet owners either drag pets to vet for non-essential visits (\$60-150 per visit) or skip needed guidance + delay actual problems.

Product: subscription telehealth — owner texts question + uploads photo or short video; vet responds within 4 hours with structured guidance + escalation recommendation if physical visit warranted. Asynchronous + structured.

Year-1 target: 8,500 paying subscribers generating ■3.6 crore annual revenue against ■80 lakh costs. Cash-positive month 3. The wedge against pet-clinic-direct telehealth (Petriage, similar) is consumer-subscription model + lower price + 24/7 availability through staffed vet roster.

The Problem

Pet owners face frequent low-medium-severity questions that don't warrant the \$60-150 + scheduling friction of a vet clinic visit but do need professional guidance. Common categories: medication-dosing clarifications, dietary appropriateness, behavioural concerns, mild symptoms (minor limp + slight appetite change + small skin issue), preventive-care questions (when to start heartworm prevention + which flea treatment + vaccine scheduling).

Current options. Bring pet to vet for every concern: expensive + scheduling-friction + stressful for pet. Google + Reddit + Facebook pet groups: variable quality + sometimes dangerous misinformation + no professional accountability. Existing pet telehealth platforms (Pawp + Vetster + Airvet): exist but inconsistent + many require video calls (which require scheduling + pet cooperation) + pricing is per-question or premium subscription.

Market gap: simple async question-and-photo with vet response at consumer-subscription pricing (\$9/mo) with 4-hour SLA. The asynchronous workflow is the key — text + photo + wait 4 hours is much more practical for pet owners than scheduling video calls.

The Solution

VetVisit's flow. Subscriber texts question + uploads photos or short video (60 seconds max). Vet roster member receives question within 30 minutes; responds within 4 hours (target 90% within 2 hours) with structured response: assessment + reasoning + recommended action + escalation flag if physical visit warranted.

Vet roster: panel of 30-60 licensed veterinarians (mix of full-time + part-time including practice-affiliated vets doing telehealth alongside clinical work) covering 24/7 with shifts.

Question categorisation: AI-assisted intake classification routes question to appropriate vet (small-animal vs. exotic vs. behavioural specialist).

Conversation continuity: per-subscriber pet profile + history of past questions + responses, so each new question has context.

Escalation pathway: when vet recommends in-person visit, integrated booking with partner-vet-clinic network at preferential rates (where applicable).

Premium tier (\$29/mo) adds: vet video call within 24 hours when subscriber wants face-to-face conversation (without going to clinic).

Three structural differences. First, async + structured (vs. scheduled video calls). Second, consumer subscription model (\$9 vs. \$30-50/mo competitors). Third, 24/7 staffed availability through vet roster shifts.

Market Opportunity

Pet-owning households globally: ~600M with dogs + cats. Willing-to-pay segment for pet telehealth subscription: ~15-25M.

At blended ARPU of \$130/yr, SAM is ~\$2-3.2B globally. Realistic 4-year capture: 0.1-0.3% = \$2-9.6M annual revenue.

Adjacent expansion. Year 2: chronic-condition pet management (diabetic pet + senior pet with ongoing health concerns). Pet-pharmacy integration (subscription medication delivery). Year 3: veterinary practice white-label (deploy VetVisit infrastructure for clinic's own clients).

Target Customer

Primary persona: a 36-year-old dog owner in Bengaluru with active 4-year-old Lab. 6-10 questions/year that currently either go unanswered or trigger vet visits. Will pay \$9/mo Standard subscription.

Secondary persona: a 51-year-old multi-pet household with senior cat + 2 dogs. Frequent low-medium questions. Will pay \$29/mo Premium tier for video calls when needed.

Tertiary persona: a 28-year-old first-time pet owner who experiences high anxiety about pet health. Will pay \$9/mo Standard for frequent reassurance + guidance.

Product

Pet profile setup: species + breed + age + weight + chronic conditions + medications + vet of record.

Question intake: text + photo + short video upload.

Vet response: structured response within 4 hours (SLA target 90% within 2 hours).

Conversation history: per-pet ongoing context.

Escalation: in-app booking with partner-vet-clinic network when in-person visit recommended.

Premium tier additions: video calls within 24 hours.

Per-question pay-as-you-go: \$5 per question for non-subscribers (low-friction trial).

Technical Architecture

Frontend: React Native mobile + Next.js web.

Backend: Python on Hetzner cloud, Postgres.

Vet platform: dedicated vet-facing dashboard with question queue + response composition + escalation routing.

AI question classification: GPT-4o for intake categorisation + initial vet-routing (~\$0.05 per question).

Payments: Stripe + Razorpay.

Compliance: telehealth regulations vary by jurisdiction; VetVisit operates as vet-coordination platform with licensed vets providing guidance.

Business Model & Unit Economics

Standard \$9/mo (unlimited routine questions, 4h SLA). Premium \$29/mo (Standard + video call within 24h). Per-question \$5 for non-subscribers.

Conversion: 14-day trial converts at 18%. Distribution: 80% Standard, 18% Premium, 2% per-question only. Monthly churn under 5%.

Gross margin: 58% (vet labour is meaningful cost — vets paid \$20-40 per question response at scale; ~3-5 questions per subscriber per month average → \$60-200/subscriber/year in vet cost).

LTV: \$108 × 18 mo = \$194 (Standard); \$348 × 22 mo = \$766 (Premium).

Unit Economics (Year-1 base case)

Year-1 paying subscribers	8,500
Blended ARPU	\$144/year
Year-1 revenue	\$435,000 (~■3.6 crore)
Gross margin	58%
CAC	\$25
Payback	2.5 months
Year-1 all-in costs	~■80 lakh
Year-1 net contribution	~■1.3 crore

Go-to-Market

Channel 1 — Pet-adoption + breeder partnerships (35%): first-touch with new pet owners.

Channel 2 — Vet practice partnerships (25%): partner-clinics recommend VetVisit for between-visit triage; revenue share + clinic benefits from filtered high-priority visits.

Channel 3 — Pet-content creator partnerships (25%).

Channel 4 — Paid acquisition (15%).

Roadmap (first 12 months)

- Month 1-3: MVP + vet roster of 12 vets + Standard tier launch. 350 subscribers.
- Month 4-5: Premium tier with video calls + vet roster to 25, 1,200 subscribers, ■6 lakh MRR.
- Month 6-8: 24/7 staffed coverage + roster to 45 vets, 3,500 subscribers, ■18 lakh MRR.
- Month 9-10: Escalation booking with partner-clinic network, 6,200 subscribers.
- Month 11-12: 8,500 subscribers, ■3.6 crore annualised.

Key Risks

- Vet supply: licensed vets are scarce + competitive labour market. Mitigated by part-time + practice-affiliated vet recruitment + competitive pay structure.
- Telehealth regulation varies by jurisdiction: some regions restrict cross-state telehealth. Mitigated by jurisdiction-specific vet routing.
- Liability: incorrect vet guidance could harm pets. Mitigated by clear scope ('triage not diagnosis') + professional indemnity insurance + escalation discipline.

- Vet response time: 4-hour SLA requires staffed coverage at all hours. Mitigated by vet roster shifts + overflow capacity.
- Premium-tier scaling: video calls require scheduling capacity. Mitigated by careful Premium-tier volume management.