



**NORTH AMERICAN VETERINARY ETHICS COUNCIL**  
*A NAVEC Workforce Study*

# **The Veterinary Shortage**

**A Need-Based Assessment — A Bottom-Up Reconstruction of U.S.  
Veterinary Supply and Demand**

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**Headline finding: a 2026 shortfall equal to roughly 37,000 full-time veterinarians, growing to about 83,000 by 2031**

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## Abstract

Official projections of the U.S. veterinary workforce describe a shortage that is modest in scale and self-correcting by the end of the decade. The American Veterinary Medical Association (AVMA) has forecast **a surplus of roughly 8,200 companion-animal veterinarians by 2030.**<sup>1</sup> This study rejects that conclusion. Rather than accepting any AVMA-derived demand figure, it reconstructs U.S. veterinary demand from primary sources — raw animal-population counts and published clinical standards of care — and converts that demand into the number of veterinarians required to meet it.

It then compares that requirement against the workforce's **actual working capacity, not its license count.** The distinction is the heart of the study: a licensed head-count counts every veterinarian who holds a credential, but what matters for animals and clients is the volume of work actually delivered — the hours veterinarians truly work. We therefore measure the workforce in **full-time-equivalents (FTE)**: a full-time-equivalent counts veterinarians by the hours they actually work rather than by license, because a veterinarian working three days a week is not the labor-equivalent of one working five. Throughout, we report findings in plain terms — “full-time veterinarians” or “the work of X veterinarians.”

We find **a 2026 shortfall equal to approximately 37,000 full-time veterinarians** (defensible range: a conservative floor near 24,000 to a needs-based estimate near 40,000), concentrated in companion-animal care but most acute in rural, food-animal, and public-health practice. Because needs-based demand grows at roughly three percent per year while the work the existing workforce can deliver grows at barely one percent, **the gap widens to the equivalent of approximately 83,000 full-time veterinarians by 2031.**

The divergence between this finding and the AVMA's is not a matter of slightly different inputs; it is the product of **three structural flaws in the official methodology** — the assumption that pandemic-era pet acquisition is normalizing, the equation of head-count with capacity, and the assumption that accreditation and faculty throughput can scale on demand. Each is contradicted by primary data, including the AVMA's and AAVMC's own. The supply pipeline is structurally capped: the national applicant-to-seat ratio has been flat since 2020, faculty head-count has been flat for a decade against thirty-seven percent enrollment growth, and the foreign-graduate credentialing system has narrowed to a single functional pathway. The U.S. Department of Justice has independently raised competition concerns about the single-accreditor structure that governs entry to the profession.<sup>2</sup>

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<sup>1</sup>American Veterinary Medical Association (AVMA), U.S. Pet Ownership & Demographics Sourcebook (2022 ed.) and AVMA pet-population updates (2024–2025). Dog and cat population figures are AVMA animal-based counts; the American Pet Products Association (APPA) National Pet Owners Survey reports lower household-based counts, reflecting differing methodologies. *Source:* [AVMA pet ownership statistics](#); [AVMA: evolving pet-owner economics](#).

<sup>2</sup>AVMA, U.S. Pet Ownership & Demographics Sourcebook; APPA, 2024–2025 National Pet Owners Survey. Pet-owning U.S. households rose from approximately 82 million (2023) toward 94–95 million (2024–2025). *Source:* [Insurance Information Institute \(citing APPA\)](#).

## 1. Introduction: A Shortage Hidden in Plain Sight

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The central claim of the official veterinary-workforce literature is reassuring: that the strains of the pandemic era were temporary, that pet ownership is reverting to trend, that an expanding pipeline of graduates will close any gap, and that the profession may in fact face a modest *surplus* by 2030.<sup>3</sup> If that were true, the lived experience of the profession — months-long waits for appointments, emergency rooms closing their doors, rural counties without a single large-animal veterinarian, and clinics bidding against one another for temporary labor — would be inexplicable. This study resolves the contradiction in favor of the evidence on the ground.

Our method is deliberately adversarial toward received figures. We do not take any AVMA demand estimate as an input. Instead we ask a more basic question: how many animals are there in the United States, what care does the prevailing standard of practice say each requires, and how many veterinarians would it take to deliver that care? This is a needs-based reconstruction, built from the population counts of the U.S. Department of Agriculture, the U.S. Census, the American Horse Council, and the AVMA's own raw sourcebook tallies — the last used strictly as head-counts, never as conclusions. On the supply side, we insist on a distinction the official projections blur: the difference between how many veterinarians *exist* and how many veterinarian-hours are actually *worked*. When that distinction is honored, the headcount surplus dissolves and a large, growing deficit appears.

The argument proceeds in four movements. Section 3 builds the demand side from animal populations. Section 4 builds the supply side — measured by hours of work actually available, not license count — and exposes the pipeline's structural ceiling, including the near-total collapse of the secondary foreign-graduate credentialing pathway. Section 5 reframes the rise of relief labor not as spare capacity but as a distress signal and an accelerant of clinic failure. Section 6 dissects the specific assumptions that lead the AVMA to the opposite conclusion. Sections 7 through 9 present the sector-by-sector damage, the five-year projection, and the implications.

## 2. Methodology and Epistemic Standards

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Every load-bearing figure in this study traces to a primary or authoritative source, cited in the footnotes. Where a number is a NAVEC calculation or estimate rather than a published datum, we say so plainly. Three methodological commitments distinguish this work from the official projections.

### 2.1 Demand is measured by need, not by spending

The dominant official approach infers veterinary demand from consumer expenditure or from pet-population growth weighted by historical visit rates. Both

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<sup>3</sup>American Animal Hospital Association (AAHA) canine and feline preventive-care guidelines; American Association of Feline Practitioners (AAFP) feline life-stage guidelines. NAVEC applies a needs-based contact rate of ~1.8 visits/dog/yr and ~1.5 visits/cat/yr, reflecting at least one annual wellness visit plus realistic sick-care load. Source: [AAHA canine life-stage guidelines](#); [AAHA/AAFP feline life-stage guidelines](#).

methods quietly treat today's *utilization* as if it were today's *need*. That is the central error. Roughly thirty percent of pets are not seen by a veterinarian in a given year, and the dominant reason is not owner indifference but cost and access: the Access to Veterinary Care Coalition found that twenty-eight percent of pet households hit a barrier to care, and that the barrier was financial in about eighty percent of preventive cases.<sup>4</sup> A 2025 study found that fifty-two percent of owners skipped or declined recommended care, seventy-one percent of them because of cost.<sup>5</sup> This is suppressed demand, not absent demand. NAVEC measures the care that animals need under the published standard, then treats the gap between that and current utilization as latent demand that the workforce must ultimately be sized to meet.

### ***2.2 Supply is measured by hours of work, not by license count***

A licensed veterinarian who works three days a week is not the labor-equivalent of one who works five. As the workforce shifts toward shorter weeks, more part-time arrangements, a rising share of relief work, and an increasingly female composition that the data associate with fewer weekly hours,<sup>6</sup> the hours delivered per licensed veterinarian fall. To capture this, NAVEC discounts the raw head-count by approximately twelve percent (a full-time-equivalent factor of about 0.88) and treats relief veterinarians as partial contributors rather than full ones. The discount is a modeled estimate; we present its effect transparently.

### ***2.3 Uncertainty is bounded and disclosed***

We present a conservative floor and a needs-based headline, with projection bands of plus or minus twenty-five percent. The per-veterinarian capacity assumption — approximately 2,600 patient visits per full-time veterinarian per year<sup>7</sup> — and the hours-worked discount are the two most consequential modeled inputs; reasonable people may move them, and small moves shift the result materially. We flag every such lever rather than burying it.

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<sup>4</sup>NAVEC per-FTE capacity assumption: ~13.5 appointment slots per weekday (consistent with AVMA Veterinary Industry/practice-throughput data) x 4.2 effective clinical days/week (blending 4-day-week newer veterinarians with 5-day older veterinarians) x 46 working weeks = ~2,600 patient visits per effective full-time-equivalent (FTE) veterinarian per year. This is a modeled estimate; small changes materially move the FTE requirement.

<sup>5</sup>U.S. Department of Agriculture, National Agricultural Statistics Service (USDA NASS), Cattle inventory (Jan. 1, 2026): 86.2 million head, including 27.6 million beef cows and 9.57 million milk cows; Quarterly Hogs and Pigs (Dec. 1, 2025): 75.5 million head. Sheep and goat figures are approximate 2025 inventories. *Source:* [USDA NASS Cattle, Jan 1 2026 \(PDF\)](#); [USDA NASS Quarterly Hogs and Pigs, Dec 2025 \(PDF\)](#).

<sup>6</sup>USDA Economic Research Service, table-egg layer average inventory (~299 million, 2025); USDA NASS broiler production (several billion birds annually). American Horse Council, Economic Impact of the U.S. Horse Industry (6.6 million horses, 2023). *Source:* [USDA ERS Livestock, Dairy & Poultry Outlook \(PDF\)](#); [American Horse Council 2023 economic impact study](#).

<sup>7</sup>AVMA / Bain & Company workforce composition (2022), total active clinical workforce base ~125,465; sector shares applied to that base. AVMA reported total active U.S. veterinarians of 127,131 at end-2023. *Source:* [AVMA market research statistics](#); [AVMA 2025 State of the Profession \(PDF\)](#).

## 3. The Demand Side: Reconstructing Need from Animal Populations

### 3.1 Companion animals

The United States is home to roughly 87.3 million dogs and 76.3 million cats by the AVMA's own animal-based counts — figures that have not reverted to pre-pandemic levels but remain at or above their pandemic peaks, even as pet-owning households rose from about 82 million in 2023 toward 94 to 95 million in 2024–25.<sup>89</sup> Applying a needs-based standard of at least one wellness visit per dog and cat per year plus a realistic sick-care load<sup>10</sup> yields approximately 281.6 million companion-animal veterinary visits required annually.

Species	Population	Needs rate (visits/yr)	Visits needed
Dogs	87.3M	1.8	157.1M
Cats	76.3M	1.5	114.5M
Other companion	—	—	~10M
<b>Total</b>			~281.6M

*Table 1. Companion-animal visit demand, NAVEC needs-based reconstruction on AVMA population counts.*

At a capacity of approximately 2,600 visits per full-time veterinarian per year,<sup>11</sup> companion-animal demand alone requires roughly 108,300 full-time veterinarians — before a single farm, horse, zoo, or federal animal is counted.

### 3.2 Food animals, equines, and the public sector

The agricultural animal population dwarfs the companion population in headcount: the USDA counted 86.2 million cattle on January 1, 2026, 75.5 million hogs on December 1, 2025, hundreds of millions of laying hens, and billions of broilers

<sup>8</sup>U.S. Bureau of Labor Statistics (BLS), Occupational Employment and Wage Statistics, veterinarians (narrow definition ~89,500 in 2022; projected ~10% growth 2024–2034 with ~3,000 annual openings). BLS classifies many veterinary educators as 'health specialties teachers,' which understates the count relative to AVMA totals; the AAVMC reconciles to roughly 7,000 annual openings against the full ~125,465 base. *Source:* [BLS Occupational Outlook Handbook: Veterinarians](#); [BLS OEWS 29-1131 \(May 2023\)](#).

<sup>9</sup>AVMA estimates reported in JAVMA: in 2024, approximately 3.4% (3,424) of a 130,415-person U.S. veterinary workforce were employed in food-animal practice, versus 71% (71,693) in companion-animal medicine. *Source:* [JAVMA / AVMA News \(practice composition\)](#).

<sup>10</sup>American Association of Veterinary Medical Colleges (AAVMC), 'Demand for and Supply of Veterinarians in the U.S. to 2032' (2024). Projected new U.S.+international graduate inflow: ~4,339 (2023) rising to ~6,256 (2032); net first-year attrition ~2.6%. *Source:* [AAVMC Demand & Supply to 2032 \(PDF\)](#).

<sup>11</sup>AAVMC, 2024–2025 Annual Data Report (Washington, DC: AAVMC, April 2025). Total DVM enrollment at U.S. colleges: 16,143; first-year seats grew an average of 3.0%/yr over 2015–2025 (2.2%/yr since 1980). The report is compiled from an internal members-only survey of 33 U.S., 5 Canadian, and 11 international member institutions; AAVMC notes detailed underlying data are not available to non-members. *Source:* [AAVMC public data hub](#); [AAVMC 2024-2025 Annual Data Report \(PDF\)](#).

produced annually.<sup>1213</sup> The American Horse Council counts 6.6 million horses.<sup>14</sup> These sectors convert to FTE demand through herd-health, regulatory, food-safety-inspection, and individual-animal care rather than through clinic visits, but the implied requirement is large and — as Section 7 shows — is among the most severely underserved relative to its need.

Sector	Count	As of	Source
All cattle & calves	86.2 million	Jan 1, 2026	USDA NASS
Beef cows	27.6 million	Jan 1, 2026	USDA NASS
Milk cows	9.57 million	Jan 1, 2026	USDA NASS
Hogs & pigs	75.5 million	Dec 1, 2025	USDA NASS
Table-egg layers	~299 million (avg)	2025	USDA ERS
Horses	6.6 million	2023	Amer. Horse Council

*Table 2. Selected livestock and equine populations (primary inventory data).*

## 4. The Supply Side: A Pipeline With a Structural Ceiling

### 4.1 Counting heads versus counting work

The United States had approximately 127,131 active veterinarians at the end of 2023.<sup>15</sup> That figure is the basis for the official surplus narrative — and it is the wrong unit. Once adjusted for the documented decline in hours worked, the actual working capacity falls materially below the head-count. The relief share of private-practice veterinarians rose from six percent in 2023 to 9.1 percent in 2024;<sup>16</sup> women, now roughly seventy percent of the workforce and an even larger majority of new entrants, work about 4.6 percent fewer hours on average and are more likely to work part-time;<sup>1718</sup> and newer veterinarians increasingly work four-day

<sup>12</sup>AAVMC, 2024-2025 Annual Data Report: total applications reached a record ~12,300 in 2025 (up from ~6,700 in 2015); the national applicant-to-first-year-seat ratio is 2.4 and has been flat since 2020. Applicants apply to 4-5 colleges on average; the 2.4 figure uses unique applicants divided by total seats. *Source:* [AAVMC public data hub](#).

<sup>13</sup>AAVMC, 2024-2025 Annual Data Report: 4,647 faculty positions at U.S. colleges in 2025, essentially flat across 2015-2025 (~4,200-4,950) while total enrollment rose ~37%. The faculty series explicitly excludes temporary/locum faculty, residents, and interns. Resident trainees totaled 1,527 and intern trainees 502 in 2025. *Source:* [AAVMC public data hub](#).

<sup>14</sup>AAVMC, 2024-2025 Annual Data Report, gender-representation series (1980-2025) and Class of 2028 applicant/enrollment charts: women comprised approximately 83-84% of the entering DVM class and ~84-85% of the applicant pool; men ~16%; non-binary students ~0.4% of the first-year class. *Source:* [AAVMC 2024-2025 Annual Data Report \(PDF\)](#).

<sup>15</sup>AAVMC, 2024-2025 Annual Data Report, 'Total Enrollment of U.S. Citizens at all AAVMC Member Institutions, 2015-2025': U.S. citizens enrolled at international AAVMC institutions number roughly 3,500-4,000 per year and are overwhelmingly U.S.-bound. These graduates are already embedded in AAVMC inflow projections (note 10) and are not additive to them. *Source:* [AAVMC 2024-2025 Annual Data Report \(PDF\)](#).

<sup>16</sup>AAVMC, 2024-2025 Annual Data Report, 'First Year Enrollment by Residency Status' (2025): foreign nationals are a small share of first-year U.S. enrollment and are heavily concentrated at a few programs (e.g., Lincoln Memorial University's first-year class is almost entirely foreign-national). *Source:* [AAVMC 2024-2025 Annual Data Report \(PDF\)](#).

weeks. The number of licenses is rising; the hours of veterinary work per person are not.

## 4.2 The pipeline cannot scale on command — and the AAVMC's own data prove it

The official hope rests on graduate growth. But the American Association of Veterinary Medical Colleges' own 2024-25 Annual Data Report documents a pipeline that is structurally capped, not poised to flood the market. Two findings are decisive.<sup>19</sup>

**First, demand for seats is not slackening.** The national applicant-to-first-year-seat ratio stands at just 2.4 and has been flat since 2020, even as total applications reached a record of roughly 12,300 in 2025.<sup>20</sup> Seat growth of three percent per year is tracking applicant demand, not outrunning it. A profession about to be oversupplied does not have a flat, multi-year applicant-to-seat ratio against record applications.

**Second, the teaching capacity to expand output does not exist.** Faculty headcount at U.S. colleges has been essentially flat — about 4,200 to 4,950 — for a decade, standing at 4,647 positions in 2025, even as total enrollment grew roughly thirty-seven percent.<sup>21</sup> A system adding students far faster than the educators who train them cannot convert announced seats into graduates at the rate the surplus thesis assumes. The binding constraint is not buildings or intentions; it is people qualified to teach, and they are not being added.

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<sup>17</sup>AVMA Educational Commission for Foreign Veterinary Graduates (ECFVG): ~210 certificates issued in 2023 (~220/yr recently) against applications that rose from ~200/yr pre-pandemic to roughly 600/yr since 2023, with 2,000+ active candidates. AAVSB Program for the Assessment of Veterinary Education Equivalence (PAVE): ~53 certificates in 2023. Combined ECFVG+PAVE throughput ~260-270 certificates/year. *Source:* [AVMA ECFVG policies \(history & description\)](#); [AAEP: ECFVG/PAVE certificate counts](#).

<sup>18</sup>National Board of Veterinary Medical Examiners (NBVME)/International Council for Veterinary Assessment (ICVA) NAVLE results. In the 2024-2025 cycle the non-accredited-school examinee group numbered 1,773 with roughly 665 passing (~37.5%), versus an ~89% ultimate pass rate for seniors of AVMA-accredited schools. 2012-2022 average of foreign-trained vets passing NAVLE: ~282/yr. *Source:* [ICVA NAVLE](#).

<sup>19</sup>Ross University School of Veterinary Medicine (St. Kitts) and St. George's University (Grenada) are AVMA-COE-accredited and market themselves as major suppliers of DVMs to the U.S.; their graduates therefore test within the accredited-school NAVLE groups, not the non-accredited group — a distinction frequently conflated in workforce commentary.

<sup>20</sup>Veterinary medicine qualifies for TN status under USMCA for Canadian and Mexican citizens only (no annual cap); E-3 status is limited to Australian nationals and H-1B1 to Chilean and Singaporean nationals. All other foreign-national veterinarians must clear the capped H-1B lottery, then pursue scarce employment-based permanent residency. *Source:* [USCIS TN/USMCA professionals](#); [9 FAM 402.17 \(TN profession list\)](#).

<sup>21</sup>Canadian Occupational Projection System (COPS) and Canadian Veterinary Medical Association (CVMA): Canada projects ~5,000 veterinary openings against ~4,300 seekers (2022-2031) and actively recruits internationally trained veterinarians. The Clinical Proficiency Examination (CPE) is jointly administered by the AVMA's ECFVG and the CVMA's National Examining Board (NEB); the NEB issued roughly 1,150 Certificates of Qualification over 2007-2020 (~88/yr). *Source:* [CVMA veterinary workforce shortage](#).

Indicator	Value	Year	Note
Total DVM enrollment, U.S.	16,143	2024–25	33 U.S. colleges
First-year seat growth (avg)	3.0%/yr	2015–25	2.2%/yr since 1980
Total applications	~12,300	2025	record; ~6,700 in 2015
Applicant-to-seat ratio	2.4	2025	flat since 2020
Total faculty positions	4,647	2025	flat ~decade vs +37% enrollment
Female share, entering class	~83–84%	2024–25	men ~16%

*Table 3. AAVMC pipeline indicators (2024–25 Annual Data Report). The flat applicant-to-seat ratio and flat faculty line are the load-bearing rebuttals to the “self-correcting” thesis.*

### 4.3 The compounding gender-hours effect

The entering DVM class is now approximately 83 to 84 percent female.<sup>22</sup> This is not a demographic aside; it is a supply variable. As classes that are more than four-fifths female replace a retiring cohort that is far more male-balanced, the practicing workforce's female share climbs from today's roughly seventy percent toward the student ratio over the coming decade. Because the data associate female practice with about 4.6 percent fewer weekly hours and higher part-time rates,<sup>23</sup> this demographic transition locks in a further decline in hours worked per person — a structural reduction in the work delivered per licensed veterinarian that compounds independently of how many licenses the pipeline produces. We make this point without any normative claim about who should practice; we make it because honest capacity planning requires counting hours, and the hours are falling.

### 4.4 The foreign-graduate gate: two pathways, one functional gatekeeper

Graduates of veterinary schools not accredited by the AVMA's Council on Education — a population that includes many U.S. citizens — may become eligible for U.S. licensure through one of two credentialing pathways: the AVMA's Educational Commission for Foreign Veterinary Graduates (ECFVG) and the American Association of Veterinary State Boards' Program for the Assessment of Veterinary Education Equivalence (PAVE). On paper there are two doors. In practice there is now one.

PAVE still exists, and we say so plainly to avoid overstatement. But its viability and its numbers have dwindled to the point of practical irrelevance. Its pathway culminates in a full clinical year — the Evaluated Clinical Experience — that a candidate must complete at a host AVMA-accredited college, and that host capacity is collapsing precisely because domestic class sizes are growing into the same clinical-rotation seats. Major host institutions have paused or closed new

<sup>22</sup>AVMA gender data: 67% of employed veterinarians were women in 2023 (85,337 of 127,131), rising to 74% in the 2024 AVMA Census; BLS-derived estimates commonly cite ~70%. *Source: [AVMA: gap shrinks between new-grad and overall salaries \(2024 Census\)](#).*

<sup>23</sup>Neill, C.L., et al., analysis of AVMA Census hours data (2016–17), as cited in AAVMC (2024): men averaged 45.01 hours/week versus women 42.92 (4.6% fewer); 14.1% of women worked part-time versus 10.4% of men. *Source: [AAVMC Demand & Supply to 2032 \(PDF\)](#).*

intake, the cost runs to tens of thousands of dollars in non-degree tuition with no financial aid, and the administering body warns candidates that paying the fees and passing the science exam does not guarantee a placement at all.<sup>24</sup> PAVE issued just 53 certificates in 2023 — and that is the most recent figure available, because current annual totals are no longer published.<sup>25</sup> A program whose output is so small that it is no longer reported is not a meaningful supply channel.

The contrast with ECFVG is structural, not incidental. ECFVG's pathway ends in a standardized clinical-proficiency examination administered at dedicated sites whose capacity can be expanded with dates, sites, and examiners; PAVE's ends in a clinical year whose capacity shrinks every time a domestic class grows.<sup>26</sup> The consequence is that two nominal pathways have become one functional one. ECFVG — an AVMA program — is now the sole practical gate through which foreign-trained veterinarians enter the United States. We do not, in NAVEC's own voice, label this a monopoly; that is a legal conclusion for others. We observe only the documented fact: the foreign-graduate channel has narrowed to a single functional pathway, and the AVMA controls it. That observation sits alongside the U.S. Department of Justice's independent concern, expressed in 2025, that the single-accreditor structure governing veterinary education should not be used to restrict the number of providers entering the profession.<sup>27</sup>

## 5. Relief Labor: A Distress Signal Misread as Spare Capacity

The official framing treats the 9.1 percent of private-practice veterinarians doing relief work as a slice of available supply. This inverts the meaning of the number. A relief veterinarian is, in most cases, a permanent position a clinic could not fill or retain; a clinic running on relief is, in most cases, a practice whose staffing model

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<sup>24</sup>AVMA 2024 Census of Veterinarians: relief/contract veterinarians comprised 9.1% of private-practice veterinarians, up from 6% in 2023. Platform and intent data (Roo reports 20,000+ veterinary professionals on its platform; a 2022 Veterinary Information Network survey found ~45% of practicing veterinarians doing or considering relief) indicate the true contingent pool exceeds the 9.1% who identify relief as their primary role. *Source: [AVMA 2024 Census \(relief share\)](#).*

<sup>25</sup>2021 AVMA survey: 44% of private-practice veterinarians had considered leaving the profession before retirement. Kogan, L., & Rishniw, M., 'Career transition plans of veterinarians in clinical practice,' *Frontiers in Veterinary Science* 11:1433891 (2024), n=1,256: among veterinarians aged 44 or younger, 35% plan to decrease clinical hours and 7% plan to stop clinical work within five years. AAHA 'Stay, Please' retention studies: approximately 13.5% of ~189,000 credentialed staff plan to leave within a year, with ~90% of those leaving never returning. *Source: [AVMA: 2021 practice inefficiencies / stress survey](#); [Kogan & Rishniw 2024, Frontiers Vet Sci](#); [AAHA 'Stay, Please' retention white paper](#).*

<sup>26</sup>Tomasi, S.E., Nett, R.J., et al. (NIOSH/CDC), 'Suicide among veterinarians in the United States from 1979 through 2015,' *JAVMA* 254(1):104-112 (2019): proportionate mortality ratios for suicide of 2.1 (male) and 3.5 (female) veterinarians relative to the general population. Burnout's annual economic cost is estimated at \$1-2 billion (Neill et al.). Per Lloyd (2021), 39% of veterinarians were older than 55 and likely to retire by 2030. *Source: [Tomasi/Nett et al., JAVMA 2019 \(suicide PMR\)](#).*

<sup>27</sup>Access to Veterinary Care Coalition (University of Tennessee, Program for Pet Health Equity; Blackwell, M.J., et al.), 'Access to Veterinary Care: Barriers, Current Practices, and Public Policy' (2018): 28% of pet households experienced a barrier to care in the prior two years; the barrier was financial in ~80% of preventive-care, 74% of sick-care, and 56% of emergency-care cases. The study estimated ~29 million dogs and cats live in SNAP (food-assistance) households. *Source: [Access to Veterinary Care report \(UT TRACE\)](#); [UT news release](#).*

has already broken. Relief is not capacity. It is the visible surface of unfilled demand, and it is an accelerant of the very clinic failures that remove capacity from the system.

### 5.1 The economics are unsustainable by construction

Relief labor costs a large premium over an employed associate per productive day. The largest relief platform reported an average relief rate of about \$144 per hour in 2024, with the average shift paying roughly \$1,290 — which the platform itself describes as one-and-a-half to two times the hourly cost of a traditional role.<sup>28</sup> A fully loaded employed associate, by contrast, costs on the order of \$740 to \$810 per day.<sup>29</sup> The relief premium therefore runs roughly 1.5 to 2 times, before accounting for relief's lower per-day production in an unfamiliar practice, the absence of any client bonding or goodwill, the lack of staff mentorship, and platform or agency fees.

Item	Employed associate	Relief / locum vet
Fully loaded cost/day	~\$740-\$810	~\$1,150-\$1,500 (+fees)
Cost premium	baseline (1.0x)	~1.5-2x
Builds client base / goodwill	Yes	No
Mentors staff	Yes	Rarely
Per-day production	Full	Typically lower

Table 4. Relief versus employed-associate cost per productive day. The premium is a NAVEC calculation built from VHMA median compensation and standard benefit loading.

### 5.2 The signal, and the spiral

That relief growth reflects inability to hire rather than abundance of choice is clearest in emergency medicine, where roughly half of openings go unfilled and practices have cut or eliminated after-hours service for want of staff.<sup>30</sup> And the workers themselves are not a contented flexible reserve: relief veterinarians were

<sup>28</sup>PetSmart Charities–Gallup, 'State of Pet Care Study' (fielded Nov. 2024–Jan. 2025; released April 16, 2025): 52% of owners skipped or declined recommended care in the prior year, and of those, 71% cited cost. PetSmart Charities estimates 50 million U.S. pets lack access to adequate care and pegs the cost of closing the gap at \$20+ billion/yr. A follow-up veterinarians' study (933 U.S. veterinarians, fielded Sept.–Oct. 2025) found 94% report client finances sometimes or often limit recommended care. *Source:* [Gallup: pet owners skipped/declined care](#); [PetSmart Charities: 52% skipped care](#); [Gallup: veterinarians on client finances](#).

<sup>29</sup>U.S. Department of Agriculture, National Institute of Food and Agriculture (USDA NIFA), Veterinary Medicine Loan Repayment Program (VMLRP) shortage-situation designations: 243 rural veterinary shortage areas across 46 states designated in 2025 — the highest number on record — with beef cattle most frequently identified as the species in greatest need. USDA's Rural Veterinary Action Plan (Aug. 28, 2025) notes that, against 170 FY2024 applicants, the program funds roughly 65 awards per year at current funding, with up to \$15 million in additional funds proposed. USDA acknowledges designations understate the true gap because they are nomination-based and lagging. *Source:* [USDA NIFA: rural/federal veterinary workforce plan](#); [AVMA: USDA plan / 243 shortage areas](#).

<sup>30</sup>National Association of Federal Veterinarians and FSIS reporting: Food Safety and Inspection Service public-health-veterinarian vacancy rates have run 11–19% nationally for roughly a decade (up to ~23% in some districts); a recent FSIS report to the Senate cited a 19% national vacancy rate for the federal veterinary workforce. *Source:* [NAFV / FEDmanager: federal veterinary workforce](#).

the only group whose burnout rose in the most recent AVMA economic data, and an independent 2025 study found relief burnout exceeding even its pandemic peak.<sup>31</sup>

The dynamic is a feedback loop. Shortage prevents permanent hiring; clinics are forced onto premium relief; margins — already thin at an average of ten to twelve percent — erode; marginal practices close or sell to consolidators; capacity leaves the system; the remaining veterinarians are pushed harder and more of them flee to relief; and the shortage deepens.<sup>3233</sup> This is not speculative. The human-healthcare sector ran the same experiment with travel nurses: contract-nurse wages rose 106 percent from 2019 to 2022 while contract labor jumped from two to eleven percent of hospital labor expense, and roughly half of U.S. hospitals finished 2022 with negative margins — a documented contingent-labor distress that fed real facility closures.<sup>3435</sup> Veterinary medicine is early on the same curve. The honest reading of a rising relief share is therefore not comfort but alarm: it measures both the size of the unfilled gap and the speed of the structural decline.

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<sup>31</sup>U.S. Department of Justice, Antitrust Division, Statement of Interest and accompanying press release in *Lincoln Memorial University v. American Veterinary Medical Association*, No. 3:25-cv-00282 (E.D. Tenn.), Dec. 15, 2025. Deputy Assistant Attorney General Dina Kallay stated that accreditation societies 'cannot erect anticompetitive hurdles that reduce competition by restricting the number of veterinary providers entering the profession,' noting that 'for decades the United States has had only about 34 accredited veterinary colleges, all solely accredited by the AVMA.' The Statement of Interest is a procedural filing, not a ruling; LMU's allegations remain untested. *Source: DOJ press release: [veterinary accreditation antitrust](#).*

<sup>32</sup>AAVMC (2024) characterizes the competing projections: 'the AVMA (2023) forecast a surplus of 8,200 companion animal veterinarians by 2030'; Lloyd, J.W. (Mars Veterinary Health), 'Pet Healthcare in the U.S.: Another Look at the Veterinarian Workforce' (2021), projects a shortage of 14,000-24,000 companion-animal veterinarians by 2030 (≈11-18%); and the AAVMC's own 2024 model estimates a shortage of 17,106 veterinarians through 2032, which it places 'far outside the AVMA's projected surplus.' The Brakke analysis commissioned in connection with AVMA work concluded graduates 'will likely meet demand until at least 2035.' *Source: [AVMA future workforce needs \(8,200 surplus\)](#); [Mars/Lloyd 2021, Characterizing the Need \(PDF\)](#); [Brakke/AVMA: colleges adequate to 2035](#).*

<sup>33</sup>Roo (relief platform): national average relief rate ~\$144/hour in 2024 (up from \$135 in 2023); average shift ~\$1,290 for nine hours; Roo characterizes relief as 'roughly one-and-a-half to two times as much per hour' as a traditional full-time role. Baseline employed wage: BLS mean veterinarian hourly wage ~\$65.63 (2023); ZipRecruiter ~\$79.58 (Dec. 2024). FlexVet Staffing and Serenity Vet report GP relief commonly \$600-\$1,500/day and ER/specialty \$125-\$165+/hour. *Source: [Roo: how much do relief vets make](#).*

<sup>34</sup>Veterinary Hospital Managers Association (VHMA), 2023 Associate Veterinarian Compensation Survey: full-time associates earned a median of \$125,000 working a median of 1,693 hours/year (~\$73.83/hour base). Loading base compensation by ~20-25% for benefits, payroll taxes, PTO, CE, dues, and retirement yields ~\$89-92/hour fully loaded, or ~\$740-810 per 8.5-9-hour day. Under Mark Opperman's ProSal model, fully loaded associate compensation is generally 18-25% of production. *Source: [VHMA 2023 Associate Compensation Survey](#).*

<sup>35</sup>2024 AVMA Economic Report: relief veterinarians were the only workforce group to report an increase in burnout from 2023 to 2024 and the segment least satisfied with the profession. Serenity Vet/Talkatoo, 2025 relief-veterinarian well-being white paper (n=151; Stanford Professional Fulfillment Index; Tufts SBER IRB review): relief-vet burnout rose ~25% versus 2022, exceeding the 2021 COVID-era peak; leading stressors were overcommitment to shifts (34.4%) and unpredictable income (31.8%).

## 6. Why the Official Projections Reach the Opposite Conclusion

The gap between NAVEC's finding and the AVMA's is not a rounding difference. It is the product of three specific assumptions, each of which fails against primary data.

1. **The normalization assumption.** The official model assumes pandemic-era pet acquisition is reverting to trend. Primary counts show dog and cat populations at or above their pandemic peaks in 2025 and households still rising.<sup>3637</sup> The reversion the model needs has not occurred.
2. **The headcount-equals-capacity assumption.** The model treats each added license as added capacity, ignoring the relief shift, part-time prevalence, and the gender-and-generation hours decline that the AAVMC's own 83-to-84-percent-female entering class will deepen.<sup>3839</sup> Counting heads instead of hours manufactures a surplus on paper that does not exist in clinics.
3. **The scalable-supply assumption.** The model points to schools in development. The AAVMC's own data show the ceiling: a flat 2.4 applicant-to-seat ratio and a decade of flat faculty against thirty-seven percent enrollment growth, compounded by a foreign-graduate gate that has narrowed to a single

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<sup>36</sup>Per The Vet Recruiter (Stacy Pursell) and VetNetAmerica (Pamela Harris), via VIN News: roughly half of emergency-veterinarian openings go unfilled, and numerous small-animal practices have reduced or eliminated emergency/after-hours service because they cannot staff ER veterinarians. Practice-management literature (dvm360) advises that 'having a part-time associate on a consistent basis will be more beneficial than utilizing occasional relief doctors.' *Source:* [AVMA ECFVG CPE candidate bulletin](#).

<sup>37</sup>Veterinary practice-economics benchmarks (Simmons; Farquer & McCormick, What It's Worth): small-animal practices are considered financially healthy at 14–18% adjusted EBITDA, but average ~10–12% with many at 7–10%; labor can reach ~51% of gross revenue. Practices currently transact at roughly 8–13x adjusted EBITDA. Heavy relief reliance compresses margins and depresses enterprise value because relief labor builds no transferable goodwill or associate-generated client base. *Source:* [AAHA: corporate consolidation & private equity](#).

<sup>38</sup>Kaufman Hall, National Hospital Flash Report, 'Special Workforce Edition' (May 2022): median hourly wages for contract nurses rose 106% from 2019 to 2022 (\$64 to \$132) while employed-nurse wages rose 11% (\$35 to \$39); contract labor rose from ~2% of total hospital labor expense in 2019 to ~11% in 2022. AHA/Kaufman Hall, 'Current State of Hospital Finances: Fall 2022 Update': 53% of hospitals were projected to finish 2022 with negative operating margins (68% under the pessimistic scenario), and roughly half of U.S. hospitals ultimately finished 2022 negative. Cited as a structural analogue for contingent-labor-driven financial distress. *Source:* [Kaufman Hall: contract-labor expense report](#).

<sup>39</sup>Pradhan, R., Beauvais, B., Ramamonjivarivelo, Z., Dolezel, D., Wood, B., & Shanmugam, R., 'The Association Between Agency Labor and Hospital Financial Performance,' *Journal of Healthcare Leadership* 16:357–369 (2024), DOI 10.2147/JHL.S470175, n=2,771 short-term acute-care hospitals. The single-year 2022 cross-section did NOT establish that agency staffing directly worsens margins; it found offsetting higher revenue and expense effects and could not establish causality. Cited for its documented mechanism — the authors warn against 'a vicious cycle where hospitals are forced to rely more on costly agency staff due to staff dissatisfaction' — and for its finding that agency labor 'typically add[s] 50% or more to an employee's hourly rate.' *Source:* [Pradhan et al. 2024, J Healthcare Leadership \(DOI\)](#).

functional pathway.<sup>404142</sup> Announced seats are not graduates, and the system that converts one to the other is capped.

There is a respectable contrary position, and we acknowledge it: the AVMA's chief economist has argued that the word “shortage” is sometimes misapplied and that distribution and productivity dynamics deserve weight.<sup>43</sup> That caution is fair as far as it goes, but it does not rescue the surplus forecast. Distribution problems and productivity ceilings are not alternatives to a shortage; in a system that cannot move labor to where animals are and cannot raise output per veterinarian, they are the mechanisms *through which* the shortage is delivered.

## 7. Sector-Differentiated Impact: Where the Shortage Lands Hardest

An aggregate gap understates the harm, because the shortage is not distributed evenly. It concentrates in the sectors least able to bid for scarce labor.

- **Rural and food-animal practice.** The USDA designated 243 rural veterinary shortage areas across 46 states in 2025 — the highest number on record — yet funds only about 65 loan-repayment awards a year against far greater need, and concedes that nomination-based designations understate the true

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<sup>40</sup>USDA Economic Research Service: between 2005 and 2023, 146 hospitals in rural U.S. counties closed or converted to non-acute care (81 closed completely), with 'financial stress' identified as 'the primary driver of rural hospital closures.' The UNC Sheps Center counts 219 closures/conversions from January 2005 through May 2024. Offered as an analogue establishing that contingent-labor-era margin stress translates into real facility closures in the comparable human-healthcare sector. Source: [USDA ERS rural hospital closures \(ERR-344, PDF\)](#).

<sup>41</sup>NAVEC conservative-floor construction. Layer 1 (documented vacancies): FSIS public-health-veterinarian vacancies (~19% of roughly 800-900 positions) plus posted private/corporate openings and relief-backfilled seats. Layer 2 (discouraged demand): clinics that have ceased active recruiting, reduced services, or closed because hiring is not feasible — visible in emergency-coverage retrenchment and understaffing surveys. Layer 3 (geographic access deserts): the FTE required to bring underserved populations within a reasonable service radius, applying HRSA-style 'practitioners needed to remove the shortage designation' logic to USDA's 243 designated shortage situations and to documented veterinary care deserts (PetSmart Charities' ~50 million underserved pets). Each VMLRP nomination specifies an FTE need; summed designations plus desert coverage materially exceed a vacancy-only count. NAVEC estimates the rebuilt floor at approximately 22,000-28,000 effective FTE — higher and more defensible than a vacancy-only floor of ~12,000-15,000, because it counts discouraged and latent need rather than only expressed vacancies. Components traceable to USDA NIFA, FSIS, AVCC, and PetSmart Charities; the desert-to-FTE conversion follows HRSA Health Professional Shortage Area methodology by analogy and is flagged as an estimate.

<sup>42</sup>HRSA designates Health Professional Shortage Areas using population-to-provider ratio thresholds and computes the number of practitioners required to remove a designation; NAVEC applies the analogous 'FTEs needed to remove the designation' logic to veterinary shortage situations and care deserts. This is a methodological template applied by analogy, not a published veterinary statistic. Source: [HRSA shortage-designation overview](#).

<sup>43</sup>AVMA chief economist Matthew Salois has argued (via VIN News and AVMA economic commentary) that the term 'shortage' is sometimes misapplied and that distribution and productivity dynamics matter. NAVEC acknowledges this position; it does not contradict the central findings here, because relief reliance, unfilled designated shortage situations, and care deserts each demonstrate that specific populations and practices cannot obtain veterinary labor regardless of how aggregate headcount is characterized.

gap.<sup>44</sup> Food-animal veterinarians are only about 3.4 percent of the profession.<sup>45</sup>

- **Public health and food safety.** Federal meat-inspection veterinarian vacancy rates have run between eleven and nineteen percent nationally for a decade, reaching roughly twenty-three percent in some districts — a direct threat to slaughter-line inspection coverage.<sup>46</sup>
- **Equine practice.** A base of roughly 5,520 equine veterinarians serves 6.6 million horses, with documented gaps in emergency coverage.<sup>47,48</sup>
- **Even the corporate consolidators.** Well-capitalized groups face the same labor ceiling; capital cannot manufacture veterinarians the accreditation and faculty systems do not produce, and rising relief costs pressure even their unit economics.<sup>49</sup>

<sup>44</sup>Corporate ownership of U.S. veterinary practices rose from under 10% a decade ago to an estimated 25–50% of general practices and ~75% of specialty practices (American Economic Liberties Project; AAHA; industry commentary). Financial pressure, staffing difficulty, and owner burnout are repeatedly cited as drivers of independent-practice sales — the profile of a relief-dependent, margin-compressed clinic. *Source:* [American Economic Liberties Project: Save Our Pets Act](#).

<sup>45</sup>PAVE (Program for the Assessment of Veterinary Education Equivalence), administered by the American Association of Veterinary State Boards (AAVSB). PAVE's final 'Evaluated Clinical Experience' (ECE) requires a full clinical year at a host AVMA-accredited veterinary college; host capacity has contracted sharply as domestic class sizes grow (e.g., the University of Missouri and Washington State University paused new ECE intake; the University of Pennsylvania charges \$85,000 tuition for 2026–27 and reports more PAVE candidates than it can accommodate). AAVSB warns that paying fees and passing the Qualifying Science Examination 'does not guarantee placement in an ECE.' PAVE issued 53 certificates in 2023 (the most recent figure publicly available via AAEP citing AAVSB data); AAVSB does not publish current annual certificate totals. A separate program, PAVE for Veterinary Technicians, was formally discontinued effective February 25, 2025; the veterinarian pathway remains nominally active but practically marginal. NAVEC treats PAVE as virtually insignificant for supply purposes — formally extant but so low in throughput that current numbers are no longer published — leaving ECFVG as the sole functional foreign-graduate pathway. *Source:* [AAVSB international pathway for veterinarians](#); [AAVSB: complete your PAVE application \(ECE placement caveat\)](#).

<sup>46</sup>By contrast with PAVE's host-college-dependent clinical year, the AVMA ECFVG pathway culminates in the standardized Clinical Proficiency Examination (CPE), administered at dedicated sites (Mississippi State University and the Viticus Group, Las Vegas) with roughly 570 testing slots per year. ECFVG capacity is expandable through additional exam dates, sites, and examiners; PAVE's ECE capacity is in direct zero-sum tension with growing domestic enrollment, making ECFVG the more scalable — and now effectively the only viable — channel. *Source:* [AVMA ECFVG CPE candidate bulletin](#).

<sup>47</sup>U.S. Department of Justice, Antitrust Division, Statement of Interest in Lincoln Memorial University v. AVMA, No. 3:25-cv-00282 (E.D. Tenn.), Dec. 15, 2025. The Division's veterinary filing follows its longstanding scrutiny of single-accreditor structures in professional education, including the 1990s antitrust action concerning law-school accreditation. NAVEC frames the reform parallel; the legal characterization is the Department's. *Source:* [DOJ press release: veterinary accreditation antitrust](#).

<sup>48</sup>In human medicine, accreditation authority is structurally separated and federally overseen: M.D.-granting programs are accredited by the Liaison Committee on Medical Education (LCME), which exercises final authority independently of its sponsoring associations (the AAMC and AMA); D.O. programs by the Commission on Osteopathic College Accreditation (COCA); and graduate medical education separately by the Accreditation Council for Graduate Medical Education (ACGME). This multi-body structure under U.S. Department of Education recognition is the model NAVEC proposes as an alternative to a single trade-association accreditor. See AAMC, 'Medical School Accreditation.' *Source:* [AAMC: medical school accreditation \(LCME\)](#).

<sup>49</sup>The United States Medical Licensing Examination (USMLE) is owned by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME) but governed by a

## 8. The 2026 Shortfall and the Five-Year Projection

### 8.1 The conservative floor, rebuilt on true unmet need

A floor built only on posted vacancies would understate the shortage in the same way the official model does, because it counts only the demand of clinics still in the game. It misses the clinic that stopped advertising because hiring is hopeless, and it misses the family a hundred miles from the nearest veterinarian, who generates no vacancy at all. A defensible floor must therefore count three layers: documented vacancies; discouraged demand — clinics that closed, cut services, or gave up recruiting; and geographic access deserts — the FTE needed to bring unserved populations within reach, computed by the same logic the federal government uses to size human-medicine shortage areas.<sup>50</sup><sup>51</sup> Built this way, the conservative floor lands near 24,000 full-time veterinarians — not the 12,000 to 15,000 a vacancy-only count would yield — and even that floor already exceeds both the AAVMC's estimate and the AVMA's projected surplus.

### 8.2 The headline and the trajectory

NAVEC's central finding is a 2026 shortfall equal to approximately 37,000 full-time veterinarians, with a defensible band running from the rebuilt floor near 24,000 to a needs-based figure near 40,000. Because needs-based demand grows at roughly three percent per year while the work the existing workforce can deliver grows at barely one percent net, the gap widens. By 2031 it reaches the equivalent of approximately 83,000 full-time veterinarians.

Sector	2026 shortfall (full-time veterinarians)
Companion animal	~29,100
Food animal / rural	~3,500
Equine	~1,200

jointly established Composite Committee that includes representatives of FSMB, NBME, the Educational Commission for Foreign Medical Graduates (ECFMG), and the public, and which approves scoring procedures and the pass/fail standard. The program publishes formal scoring, score-reporting, and review procedures. NAVeC offers this governance and transparency structure as a model for reform of the veterinary licensing examination. *Source:* [USMLE governance \(FSMB-NBME\)](#); [USMLE scoring & score reporting](#).

<sup>50</sup>The ECFMG certification pathway is the standardized national gateway through which international medical graduates (IMGs) enter U.S. graduate medical education and licensure. IMGs comprise roughly a quarter of the U.S. physician workforce (the FSMB 2024 Census of Licensed Physicians reports IMGs at 23% of actively licensed physicians; the AMA estimates approximately 25%). By contrast, the veterinary ECFVG/PAVE system processes only a few hundred foreign-graduate certifications per year and is bottlenecked by host-school clinical-year capacity. NAVeC proposes the ECFMG model — a single standardized credential plus conditional/provisional licensure on-ramps — as the scalable analogue. *Source:* [ECFMG: about / IMG certification](#); [ECFMG certification fact sheet \(PDF\)](#).

<sup>51</sup>Human medicine pairs shortage-area designation with targeted federal incentives: the Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas and computes the number of practitioners required to remove a designation, and the National Health Service Corps offers loan repayment tied to service in those areas. NAVeC proposes the analogous instrument for veterinary care deserts, scaled to the USDA's designated rural shortage situations. *Source:* [HRSA shortage-designation overview](#); [National Health Service Corps](#).

Sector	2026 shortfall (full-time veterinarians)
Public / federal / academia	~2,000
Shelter / nonprofit	~1,000
<b>Total (needs-based headline)</b>	~36,800
Conservative floor (rebuilt)	~24,000

Table 5. NAVEC 2026 shortfall by sector, expressed in full-time veterinarians (full-time-equivalents), with the rebuilt conservative floor.

Year	Shortfall (full-time veterinarians, ±25%)
2026	~37,000
2027	~45,000
2028	~53,000
2029	~62,000
2030	~72,000
2031	~83,000

Table 6. Projected compounding shortfall, 2026–2031, in full-time veterinarians. Demand grows ~3%/yr; the work the workforce can deliver grows ~1%/yr net. The flat AAVMC faculty and applicant-to-seat findings support the low net-supply assumption.

Set against the official forecast of an 8,200-veterinarian surplus,<sup>52</sup> the divergence is not a disagreement at the margin. It is the difference between a system the official numbers describe as comfortably balanced and a system the primary data show to be in compounding deficit.

## 9. The Path to Reform: What Veterinary Medicine Can Learn from Human Medicine

The shortage documented in this study is not a weather event. It is the product of a credentialing and accreditation architecture that constrains how many veterinarians can be trained, examined, and admitted to practice. That is NAVEC's central premise: the crisis was, in significant part, built — and it can therefore be reformed. The encouraging news is that the reforms required are not speculative. Human medicine faced the same three bottlenecks — a constrained accreditation gate, an opaque licensing examination, and a narrow pathway for internationally trained practitioners — and addressed each with structures that are now mature, federally overseen, and demonstrably scalable. NAVEC proposes that veterinary medicine adopt the proven analogues.

<sup>52</sup>USDA NIFA Veterinary Medicine Loan Repayment Program shortage situations: 243 designated rural veterinary shortage areas in 2025. NAVEC recommends scaling loan repayment to the full set of designated situations rather than the roughly 65 awards currently funded annually. *Source:* [USDA NIFA VMLRP shortage situations](#).

## **9.1 Break the single-accreditor gate: the multi-accreditor model**

Entry to the veterinary profession begins at the schoolhouse door, and a single body — the AVMA's Council on Education — is the sole accreditor of U.S. veterinary colleges, housed within the very trade association whose members have an economic interest in the number of new entrants. For decades this has held the country to roughly three dozen accredited colleges. Human medicine deliberately avoids concentrating that power in one interested hand. Medical-school accreditation runs through the Liaison Committee on Medical Education, which exercises final authority independently of its sponsoring associations; osteopathic programs answer to a separate accreditor; and graduate medical education is governed by yet another body — all under U.S. Department of Education recognition. The reform NAVEC proposes is structural separation on the same model: accreditation authority placed at arm's length from the membership association, with room for more than one recognized accreditor, so that the number of veterinary colleges is set by educational merit and capacity rather than by the gatekeeper's preference.

## **9.2 Open the examination: the USMLE governance model**

The licensing examination is the second gate, and the concern NAVEC raises is not that an examination exists but that this one is governed and scored with too little transparency and too little recourse, even as its outcomes diverge sharply for graduates of non-accredited schools. Human medicine offers a governance template worth importing. The United States Medical Licensing Examination is owned by two bodies but governed jointly by a Composite Committee that seats not only those bodies but also the international-graduate credentialing organization and members of the public, and that publishes its scoring procedures and pass-standard methodology. The reform is to bring that same separation of powers and published-procedure transparency — independent governance, disclosed scoring, and a genuine review-and-appeals process — to the veterinary licensing examination, so that a result that ends a candidate's career can be understood and, where warranted, challenged.

## **9.3 Build a real international gateway: the ECFMG model**

The third gate is the pathway for internationally trained veterinarians — and, as Section 4 showed, it has narrowed to a single functional channel of a few hundred certifications a year, bottlenecked by the number of clinical-year seats accredited schools can spare. Human medicine demonstrates what a scalable gateway looks like. The ECFMG certification pathway gives international medical graduates one standardized national credential — verified education plus the same licensing examinations as domestic graduates — and the result is that internationally trained physicians make up roughly a quarter of the entire U.S. physician workforce. Veterinary medicine has no comparable on-ramp; its foreign-graduate share is a rounding error by comparison. NAVEC proposes building the analogue: a single standardized credentialing pathway whose capacity scales with examination and assessment infrastructure rather than with the spare seats of a few colleges,

paired with the conditional and provisional licensure on-ramps that human medicine increasingly uses to put qualified, supervised practitioners to work while they complete certification.

#### **9.4 Pair access reform with the demand-side instruments medicine already uses**

Opening the gates raises supply; directing that supply to the places and sectors that need it most requires the demand-side instruments human medicine has long deployed. The federal government already designates human Health Professional Shortage Areas and computes the number of practitioners needed to lift each designation, then pairs those designations with National Health Service Corps loan repayment that pulls clinicians into underserved areas. The veterinary analogue exists in embryo — the USDA designates rural veterinary shortage areas and funds a loan-repayment program — but it is funded to a fraction of the designated need. The reform is to scale the existing instrument to the designated gap: fund loan repayment against the full set of shortage situations, and extend the shortage-area logic to companion-animal care deserts, so that the additional veterinarians the gate reforms produce are drawn toward the rural counties, food-animal practices, and underserved communities the market alone will not serve.

## **10. Conclusion and Summary of Recommendations**

The veterinary shortage is not modest, and it is not self-correcting. It is large, it is concentrated where the animals and the people can least absorb it, and it is accelerating through feedback loops — burnout-driven early exits, relief-driven clinic failure — that the official model does not capture because it is counting the wrong things. The corrective is methodological and structural. Plan capacity in hours, not heads. Treat the pipeline's true constraints — faculty, clinical-training seats, and a foreign-graduate gate narrowed to one functional pathway — as the binding limits they are. Measure demand by what animals need. And reform the three gates that govern entry to the profession along the lines human medicine has already proven.

- 1. Count the work, not just the licenses.** Require workforce projections to measure capacity by hours actually worked — in full-time-equivalents — not by license count, and to publish relief share, part-time rates, and weekly hours annually. Revision trigger: if relief share exceeds twelve percent or average weekly hours fall below forty-two, revise capacity downward.
- 2. Break the single-accreditor gate.** Separate veterinary accreditation authority from the membership association and open the field to more than one Department-of-Education-recognized accreditor, on the LCME/COCA/ACGME model.
- 3. Open the licensing examination.** Adopt USMLE-style independent governance, published scoring procedures, and a genuine review-and-appeals process for the veterinary licensing examination.

4. **Build a scalable international gateway.** Replace the host-college-dependent foreign-graduate pathway with an ECFMG-style standardized credential plus conditional/provisional licensure on-ramps; recognize that PAVE, now functionally negligible, cannot carry foreign-graduate supply.
5. **Treat faculty and clinical seats as the binding constraint.** Fund clinical-educator lines and training capacity; seat announcements without faculty growth do not produce graduates.
6. **Scale the demand-side instruments to the designated need.** Fund rural and food-animal loan repayment against the full set of USDA shortage situations rather than a fraction, extend shortage-area logic to companion-animal care deserts, and close federal-veterinarian pay gaps. Revision trigger: federal meat-inspection vacancy below eight percent.
7. **Treat burnout and retention as supply levers.** Each one-point reduction in early-exit intent preserves the work of thousands of full-time veterinarians.

## Limitations and Disclosures

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NAVEC's headline depends on a needs-based standard-of-care assumption; the rebuilt conservative floor near 24,000 is the defensible lower bound, and both are presented. The per-veterinarian capacity figure and the hours-worked discount (the full-time-equivalent factor) are modeled estimates with material leverage on the result. AAVMC figures derive from a members-only internal survey whose underlying data are not public; we use the published headline values. The conversion of geographic care deserts into a full-time-veterinarian figure applies federal human-medicine shortage-area methodology by analogy and is flagged as an estimate. The relief cost premium is a NAVEC calculation, not a single published constant. The U.S. Department of Justice filing referenced here is a procedural statement of interest, not a judicial ruling, and the underlying allegations remain untested. This study uses only public, citable data and no proprietary commercial cohort data, maintaining a firewall between NAVEC's public advocacy and any private commercial interest.

## Notes and Sources

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Full citations appear as numbered footnotes throughout this document and are compiled by Word at the foot of each page. Each load-bearing figure is attributed to its primary or authoritative source; NAVEC calculations and estimates are identified as such.