

Foundation Stack Planner

A practical technology and infrastructure planning guide for veterinary teams building a hospital that works in real life, not just on a vendor proposal.

Prepared by PawthosX

Created by hospital operators to help veterinary teams make clearer technology decisions before devices, vendors, and workflows become expensive to unwind. No purchase required.

Practical planning tools for veterinary teams. No purchase required.

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Opening Note

The technology foundation of a veterinary hospital is easy to underestimate because so much of it looks ordinary from the outside. A computer is just a computer. A printer is just a printer. A phone is just a phone. Then opening day arrives, the treatment team needs labels, a doctor needs to finish a record, the front desk is juggling calls, a client is ready to pay, the Wi-Fi drops in the far exam room, and suddenly the ordinary pieces are carrying the weight of the whole hospital.

This planner exists to help your team think through those pieces before they become daily friction. It is not meant to tell every clinic to buy the same stack. A mobile practice, a two-room startup, a busy urgent care, and a multi-location group do not need the same setup. They do need the same discipline: choose tools that support the way the hospital actually works.

No purchase required

This is not a software sales document. It is a planning resource for veterinary teams choosing devices, internet, phones, payments, printers, imaging connections, and room-by-room technology with more confidence. No purchase of PawthosX One is required.

Why This Planner Exists

Most technology problems in a clinic do not start as technology problems. They start as workflow mismatches. The team buys devices before deciding where work should happen. Phones go live before call routing is clear. Payment terminals arrive before checkout flow is defined. Label printers are placed where they are convenient for the vendor, not where the team actually needs them. The internet is "good enough" until imaging, cloud systems, payments, and client communication all lean on it at the same time.

The Foundation Stack Planner helps your team make those choices in the right order. First define the kind of hospital you are building. Then define how work should move. Then place devices, vendors, and infrastructure around that reality.

Use this planner to make the invisible parts of the hospital visible. The goal is not to make every decision perfect. The goal is to make sure each decision supports the people who will rely on it every day.

How to Use This Planner

Work through this document with the people who understand the hospital from different angles: ownership, management, doctors, technicians, CSRs, IT, construction, and anyone responsible for implementation. The best answers usually come from the people closest to the work.

You can complete it early in planning, use it to prepare for vendor conversations, or revisit it before purchasing devices. It is especially valuable before signing contracts, ordering equipment, installing networking, or locking the room layout.

Operator note

Do not let the prettiest quote or the cheapest device win too early. The better question is: will this still support the hospital on a busy Tuesday, with one doctor running behind, two lines ringing, a client waiting for an estimate, and a patient ready for discharge?

Part 1: The Hospital Your Stack Needs to Support

Before choosing technology, define the operating model. Devices should not force the hospital into a workflow. They should support the workflow the hospital needs to run safely, calmly, and consistently.

1.1 Clinic Model

☐ General practice	☐ Urgent care
☐ Mobile veterinary care	☐ Hybrid mobile + physical location
☐ Specialty	☐ Surgery-focused
☐ Dentistry-focused	☐ Wellness-focused
☐ Rehab or integrative care	☐ Exotics
☐ Multi-location expansion	☐ Other

Questions to Ask Yourself

What kind of day are we designing this hospital to handle most often?

Where does speed matter most, and where should the team intentionally slow down for safety?

What should clients be able to do without calling the front desk?

What work should happen in the room, at treatment, at the front desk, or remotely?

1.2 Stack Principles

Principle	What It Means for Planning
Place devices where decisions happen	If estimates are reviewed in exam rooms, the room needs the right tools. If discharge happens at treatment, the discharge tools belong there.
Protect the front desk from becoming the hospital bottleneck	Phones, payments, forms, callbacks, and records should not all collapse onto the same small group at the same time.
Design for busy days, not quiet demos	A stack that works with five appointments may fail when the team is behind, phones are loud, and diagnostics are pending.
Prefer fewer, better-supported device types	Too many device models create training, support, and replacement headaches.
Plan downtime before downtime happens	Backup internet, printed procedures, access rules, and vendor escalation paths should be known before the first outage.

Part 2: Room-by-Room Technology Map

Every room quietly asks a question: what work needs to happen here? The answer should drive devices, power, network placement, printers, payment access, displays, and support needs.

Area	Work Happening Here	Devices Needed	Open Questions
Exam rooms			
Comfort room			
Treatment area			
Surgery			
Dentistry			
Imaging			
Lab			
Pharmacy			
Doctor workstations			
Technician workstations			
CSR / front desk			
Checkout areas			
Inventory / storage			
Mobile / vehicle setup			

Questions to Ask Yourself

Where will doctors actually finish records when the day gets busy?

Where will technicians update treatments, charges, labels, and notes without leaving the floor?

Where will CSRs need visibility without physically walking to the back?

Where will clients review estimates, sign forms, and pay?

Which areas need reliable access even if the main internet connection fails?

Part 3: Computers, Tablets, and Workstations

Computers and tablets are not just equipment purchases. They decide where documentation can happen, where approvals can be captured, how quickly the team can move, and whether work gets finished in the moment or pushed to the end of the day.

3.1 Device Inventory Plan

Device Type	Quantity Needed	Primary Use	Location	Owner / Notes
Desktop workstations				
Laptops				
Tablets				
Wall-mounted displays				
Shared treatment devices				
Doctor personal devices				
Mobile practice devices				
Backup / spare devices				

3.2 Device Decision Questions

What tasks must be completed at the point of care instead of later?

Which devices need cameras, microphones, barcode scanning, or signature capture?

Will shared devices create log-in friction, privacy issues, or unclear ownership?

What device should be available when the primary one fails?

Who is responsible for charging, updating, replacing, and securing mobile devices?

Part 4: Internet, Wi-Fi, and Network Resilience

Modern veterinary operations lean heavily on connectivity. Scheduling, records, payments, phones, forms, imaging access, client communication, and reporting may all depend on the same invisible layer. When that layer is weak, the whole hospital feels it.

4.1 Connectivity Plan

Category	Decision / Vendor	Status	Questions or Risks
Primary internet provider		Decided / Open	
Backup internet provider		Decided / Open	
Router / firewall		Decided / Open	
Wi-Fi access points		Decided / Open	
Guest Wi-Fi		Decided / Open	
Network drops by room		Decided / Open	
Imaging network needs		Decided / Open	
Payment terminal connectivity		Decided / Open	
Phone system connectivity		Decided / Open	

4.2 Questions to Ask IT Before Signing Off

Which rooms will have the weakest signal if we do nothing special?

What happens to payments, phones, and records if the primary internet connection fails?

How quickly can the clinic switch to backup internet, and who knows how to do it?

Are imaging devices, staff devices, payment terminals, and guest Wi-Fi separated appropriately?

Who has admin access to networking equipment, and where are credentials stored securely?

Part 5: Phones, Communication, and Client Access

The phone system is often treated like a utility, but it shapes the entire client experience. It decides how quickly clients can reach the clinic, how CSRs spend their day, how callbacks are handled, and whether communication becomes organized work or constant interruption.

5.1 Communication Channels

Channel	Planned Use	Owner	Open Questions
Main phone line			
Text messaging			
Email			
Client app or portal			
Online appointment requests			
Prescription refill requests			
Post-visit follow-up			
Urgent updates			
After-hours routing			

5.2 Client Experience Questions

What should clients be able to do without calling?

Which calls should be routed differently from routine scheduling?

How will the team know a message is urgent, routine, or waiting on a doctor?

Where do callbacks live so they do not depend on sticky notes or memory?

What communication should a client receive before they feel the need to call back?

Part 6: Payments, Checkout, and Daily Closeout

Payment setup is not just a merchant account decision. It affects checkout speed, deposits, reconciliation, refunds, payment plans, client trust, CSR workload, and the clinic's ability to close the day cleanly.

6.1 Payment Workflow Map

Payment Moment	Where It Happens	Who Owns It	Tools Needed
Deposit or prepayment			
Estimate approval			
Room checkout			
Front desk checkout			
Curbside or mobile payment			
Refunds			
Balances and collections			
Payment plans or financing			
Daily closeout			

6.2 Questions to Ask Yourself

When should the client understand cost, and who is responsible for that conversation?

Where should payment happen when the hospital is running well?

Where will payment happen when the hospital is running behind?

What should happen if the client has a deposit, balance, refund, or declined payment?

What does a clean financial closeout mean at the end of each day?

Part 7: Printers, Labels, Pharmacy, and Inventory

Printers rarely feel strategic until they slow down the entire hospital. Labels touch pharmacy, lab, inventory, controlled substances, records, and client instructions. A printer in the wrong place can create a surprising amount of daily wandering.

7.1 Printing and Label Plan

Item	Needed?	Location	Notes
Prescription label printer	Yes / No		
Lab label printer	Yes / No		
Inventory labels	Yes / No		
Cage cards / patient ID	Yes / No		
Discharge paperwork printer	Yes / No		
Estimate / invoice printer	Yes / No		
Backup printer	Yes / No		
Mobile printer	Yes / No		

7.2 Questions to Ask Yourself

Where are labels needed most often, and how many steps does the team take to get them?

What happens if the main label printer fails during a busy medication day?

Who owns controlled substance documentation, and where does that work physically happen?

Where will receiving, counting, labeling, and stocking inventory happen?

Which printed items could be digital, and which should stay physical for safety or clarity?

Part 8: Imaging, Lab, and Diagnostic Connections

Diagnostics create some of the most important handoffs in the hospital. A result may need to move from a machine to a record, from a record to a doctor, from a doctor to a client, and from a recommendation to an invoice. The technology stack should make those handoffs easier to track.

8.1 Diagnostic Stack

Category	Vendor / System	Where Results Live	Open Questions
In-house lab			
Reference lab			
Radiology			
Dental radiology			
Ultrasound			
ECG or monitoring			
Image storage / PACS			
Specialty review / teleconsult			

8.2 Diagnostic Workflow Questions

Who orders diagnostics, and where is that order captured?

Who knows when results are pending, resulted, reviewed, or communicated?

How do diagnostic charges get captured without depending on memory?

How will images and results be available to the right people at the right time?

What follow-up should happen when results arrive after the client has left?

Part 9: Security, Access, and Support Ownership

A calm technology foundation is not only about devices working. It is also about knowing who can access what, who supports what, and how the clinic responds when something breaks. Confusion around permissions, passwords, and vendor ownership can turn small issues into long days.

9.1 Access and Ownership

Area	Owner	Where Details Are Stored	Notes
Device purchasing			
Device setup			
User accounts			
Password manager			
Wi-Fi / network admin			
Phone system admin			
Payment admin			
Software admin			
Vendor escalation list			
Downtime procedure			

9.2 Questions to Ask Yourself

Who has admin access, and who should not?

How quickly can the clinic remove access when someone leaves?

Where are vendor contacts, account numbers, support lines, and escalation paths stored?

Who decides whether a device, system, or workflow issue is urgent?

What should the team do when technology fails but patients are still arriving?

Part 10: Vendor Questions That Actually Matter

Good vendor conversations are not about collecting the most features. They are about understanding how the vendor will support your real hospital, your team, your timelines, and your messy edge cases. Ask questions that reveal how the system behaves under pressure.

10.1 Questions for Any Technology Vendor

What does implementation require from our team before launch?

What decisions do we need to make before setup can begin?

What does training look like for doctors, technicians, CSRs, and managers?

What support is available during our first week live?

What happens when something breaks after hours or on a weekend?

What parts of the workflow are configurable, and what parts are fixed?

What integrations are live today versus planned later?

What data can we export, and how do we do it?

What costs are not obvious in the first quote?

What would make us a poor fit for your product or service?

10.2 Questions to Ask Before Buying Devices

Will this device still be supported in three years?

Who manages updates, repairs, warranties, replacements, and accessories?

Does this device work with the systems we plan to use?

How quickly can we replace it if it fails?

Are we buying this because it supports the workflow or because it was easy to quote?

Part 11: Decisions That Become Expensive Later

Some technology decisions feel small when they are made and expensive when they are changed. Use this section to identify which choices deserve one more review before they are locked.

Decision	Why It Matters	Needs Review?
Room device placement	Affects documentation, treatment flow, discharge, estimates, and staff movement.	Yes / No
Wi-Fi and network design	Affects records, payments, phones, imaging, client communication, and uptime.	Yes / No
Phone routing	Affects front desk load, client access, callbacks, and urgent communication.	Yes / No
Payment terminals	Affects checkout speed, room payment, refunds, deposits, and reconciliation.	Yes / No
Label printers	Affects medication safety, lab workflow, inventory, and team movement.	Yes / No
Computer model choices	Affects support, replacement, training, accessories, and daily speed.	Yes / No
Imaging connectivity	Affects diagnostic access, storage, sharing, billing, and follow-up.	Yes / No
Admin permissions	Affects security, support speed, offboarding, and vendor accountability.	Yes / No

Before You Lock Anything In, Ask

Does this decision support the hospital we are trying to build?

Does it make the team faster, calmer, safer, or more informed?

Does it create hidden work for another role?

Will it still work if we add another doctor, another service, or another location?

Is this decision being made by the person who will live with the consequences?

Part 12: Foundation Stack Snapshot

Use this final section to summarize where your technology foundation feels strong, where it feels uncertain, and where the team needs better answers before purchasing, installing, or launching.

Area	Green	Yellow	Red	Notes
Room device plan				
Computer and tablet plan				
Internet and Wi-Fi				
Backup internet / downtime				
Phones and communication				
Payment setup				
Printers and labels				
Imaging and diagnostics				
Security and access				
Vendor support				
Team training readiness				

Final Reflection

What part of the technology foundation feels strongest right now?

What decision feels least settled?

What purchase should wait until workflow is clearer?

What issue would most frustrate the team if it showed up during the first week?

What would make the hospital feel calmer, more prepared, and easier to operate on day one?

Closing Note

A strong technology foundation is not about buying the most devices, the newest tools, or the thickest vendor proposal. It is about giving the team the right support in the right places, so the hospital can move with less friction and more confidence.

When the stack fits the workflow, the clinic feels different. Clients are not left wondering what happens next. CSRs are not forced to be the memory of the whole hospital. Technicians can see what matters without hunting for it. Doctors can finish the record closer to the moment of care. Leadership can understand the day without interrupting the team to ask.

That kind of calm does not happen by accident. It is designed early, room by room, handoff by handoff, decision by decision.

Before vendors. Before devices. Before contracts. Before opening day tests the plan.

Build the foundation around the hospital you actually want to run.

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