

Table S1. Codes, subcodes and illustrative participant quotes resulting from emergent and *a priori* double coding of transcripts from 3 focus groups and 4 interviews with accessible veterinary care providers (n = 18). Individual participants are identified by their participant ID (P0xx) directly after illustrative quotes (e.g., P006 is participant 6).

Code	Subcodes	Illustrative Participant Quotes
Regulatory barriers	Additional requirements for remote/mobile clinics	“I do have to pay for a remote mobile animal companion hospital license. I can’t remember what the wording is remote companion animal mobile and I’ve been inspected two or three times” [P006]
	Approvals & applications to provide services	“one of the struggles that we have in Alberta is that we have a very limiting governing body. So, we can’t provide, low-cost care. I mean, ... it’s explicit. So, anything that we do has to be program approved, program by program” [P001]
	Competition between primary veterinary clinics (non-compete)	“I’m not allowed to go anywhere within 100 kilometers of a nearby veterinary clinic that isn’t on board with where we’re going, which we’ve had in the past, some elderly veterinarians, two or three of them that have protested calling my house, calling [regulators], calling clinic. And I don’t know why ... these are not their clients. But it’s perceived as such” [P006]
	Limited services allowed	“there’s more questions around legislation than maybe there is really legislation. But I think the biggest one is this thought that there needs to be a veterinarian sort of oversight” [P004] “why can a client hire a 12 year old who likes cats to give their cat insulin while they’re gone, but they’re not allowed to have a licensed professional [RVT]?” [P014]
	Limiting governing body	“legislation does currently serve as a barrier where potentially there’s room to ... lessen regulation to allow for more access to [basic] veterinary care that would make a pretty significant impact in some communities” [P004] “for the first four years, we only did international work because we couldn’t work in Canada because of the regulations in all of the provinces” [P016]
	No barriers or none noticed	“that hasn’t been a huge hurdle for us in BC ... overall I think BC is not too bad as far as allowing nonprofits to operate veterinary clinics and that sort of thing” [P007] “we could work in Nunavut because there’s no veterinary regulatory body” [P016]
	Rabies vaccination	“they did also say that if a layperson gives ... a rabies vaccine in particular, it’s not recognized. So, if that dog would were to bite, it would still be from public health point of view that the dog wasn’t vaccinated. So that’s something that they’re trying to change” [P005]
	Spectrum of care uncertainty & gold standard care	“bringing more veterinarians into that understanding and I guess regulatory bodies too, because I think they need to be comfortable in knowing that if they offer that standard and it doesn’t work out that they’re not going to then be crucified by their regulatory body” [P008]

Structural barriers	Corporate & organizational policies	<p>“half the time you have to say ... no, the vet is not allowed to be involved in the invoicing, right” [P013]</p> <p>“saying no to folks who are obviously in need, they’re low income, but they’re not low enough income or their pets are sick, but they’re not sick enough” [P014]</p>
	Geographic accessibility challenges	<p>“to get to a remote from Southwestern Ontario is either a three day drive and a flight plane or yes, which I’m doing next week, three day drive at each end with my equipment or a whole bunch of charters and flights” [P006]</p> <p>“It may be that it would have been easier to move into remote clinic type work ... if it wasn't such a high barrier to entry and, and a laborious process” [P007]</p>
	Lack of continued funding	<p>“we did just run out of money completely for the year, which is brutal. I just put up an out of office on the programs and we are not here for you. It’s horrible” [P014]</p>
	Lack of government support	<p>“I really believe that all of these things should be government funded. This should be ... like we humans have healthcare” [P005]</p> <p>“all of this work and all the other organizations that are doing this kind of work too it's really hard to do that without any governmental support” [P014]</p>
	Paying non-for-profit workers	<p>“[it] is very frustrating it’s trying to get grants and funding. You better not show that you have too much money going to administration and it's like how do they think these things work” [P009]</p>
	Veterinary shortages	<p>“there are so many of my colleagues that ...been trying to hire a vet for two years ...trying to hire a tech for a year. There’s such a shortage” [P009]</p> <p>“veterinary shortages, you know, are not just in private practice, they exist also in shelter medicine and ... recruiting veterinarians, technicians, to northern areas is, is challenging” [P007]</p>
Relational barriers	Difficult to maintain consistent follow-up	<p>“We used to, and we absolutely should, but we don't right now, purely just from a, our capacity to do things perspective. We had volunteers doing it that was not very reliable. I was doing it when I first started and just could not. Once in a rare while, I will still follow up after really complex cases. A lot of the time we ... just never find out.” [P014]</p>
	Information barrier	<p>“it’s really difficult because some of the things that we were doing is trying to understand even how many animals are there that need to be spayed, neutered, say in an area ... it’s quite challenging to, to try and parse out that information” [P007]</p>
	Language barrier	<p>“I think ... many organizations can potentially do more to make things more equitable for, even for access from various disability or language perspectives” [P007]</p> <p>“If there [were] contractors we could call in different languages to say this person needs support in Cantonese, can you do the application with them right now in Cantonese? That would be amazing” [P014]</p>