

EVEN MEDIA

SAMPLE CONTENT SYSTEMS AUDIT

SAMPLE · REDACTED FOR PUBLIC DISPLAY

Prepared for [Veterinary group · sample] · [Operations Director] and team

Location A · Location B · Location C

Engagement window: spring 2026

THE 30-SECOND READ

After the meeting, [the leadership team] asked for an honest outside look at the content footprint across all three clinics. Here it is. We treated this as a **network audit, not three separate reviews**, because that's how the group actually operates: one company, three storefronts, one operations team coordinating across them.

The headline read: the group has built something real. Three locations, central operations under [the Operations Director], distinct brand identities at each clinic, and at Location B, a Facebook audience that's three years deep. What's missing is a coordinated content engine that lets the network leverage itself. Right now each clinic produces (or doesn't produce) content on its own, with no shared editorial calendar, no consistent video output, and no programmatic short-form schedule across the three brands.

The opportunity is significant, and the structure to capture it is already in place. That's the part that matters most. The hard parts of multi-location content (central decision-making, shared brand parent, coordinated team handoffs) are solved. What's left is the part we do for a living. The rest of this audit lays out where the leverage points are and what the path forward looks like.

01 / WHAT YOU'RE DOING WELL

Three things stood out across the network. We're calling these out specifically because they're the foundation we'd build on, not boilerplate compliments.

- **The brand architecture is sound.** The group ties the three clinics together while letting each have its own personality. That's a hard structure to get right and you have it. Most multi-location vet groups either over-brand (every location looks identical and feels corporate) or under-brand (no shared identity at all). You're in the middle.

- **Location B has a real Facebook audience to build on.** ~1,400 page likes after three years in market is modest but real, and it's the closest thing the network has to a warm starting audience for short-form video. Reactivating that page with consistent reels and team content is one of the fastest wins available.
- **Each clinic has a distinct visual identity.** The Location A / Location B / Location C naming and visual treatment lets each location feel like its own brand inside the parent umbrella. That gives the content team room to differentiate per-location storytelling instead of producing one monotone feed across three accounts.
- **The Tier 1 starter offer in your proposal is correctly priced for where you are.** \$2K/mo for UGC-style reels is the right entry point given the current content baseline: there's no library to build from, no editorial calendar in place, and no internal team filming consistently. We agree with that read.

02 / THE NETWORK-LEVEL FINDING

Before the per-clinic breakdown, here's the one thing we'd put in front of [the leadership team]:

You are running a three-location veterinary group and operating a one-location social presence, except that **no one location actually owns it.**

Concretely:

- Combined Instagram footprint across all three clinics is small for a three-location vet group in a major [Austin-area market]. Location A is at ~400 (per IG search-card metadata). Location B is at ~200 / 13 lifetime posts. Location C has a market-specific account at [handle redacted], follower count not retrievable via the public tools we have access to and would be confirmed on the kickoff call.
- Combined Facebook footprint: roughly **3,500+ page likes**, heavily weighted to Location B (~1,400), with Location A at ~200, and Location C at ~200 (engagement and post cadence not retrievable from the public tools available to us; should be confirmed live on the kickoff call).
- Short-form video output across all three accounts is essentially zero programmatic activity. No weekly cadence, no staff features, no pet/client stories, no educational reels, no behind-the-scenes content. The video content that *does* exist is announcement-driven and irregular.
- TikTok footprint is functionally absent. Location A has an account but with low discoverable activity; Location B and Location C have no detectable presence.

The implication for the proposal: a Tier 1 (\$2K) engagement at one clinic gets you reels at one clinic. A Tier 2 (\$6K) engagement done correctly across the network is **roughly the same**

per-location cost as Tier 1, with shared production days, shared editorial calendar, and shared brand voice. The economics get materially better at the network level, and that's the case we'd make to the leadership team.

03 / PER-CLINIC SNAPSHOTS

Numbers below are pulled from public Instagram, TikTok, and Facebook profiles as of the audit window. Anything not directly verifiable is flagged. Native social platform insights would sharpen these; we'd request access on the kickoff call.

At-a-glance comparison

Metric	Location A	Location B	Location C
Opened	Early 2025	April 2023	Late 2025 / early 2026
IG followers	~400	~200	[handle redacted], count not retrievable via public tools (confirm live)
IG post count	Low (single-digit recent)	13 total	Not retrievable via public tools
FB page likes	~200	~1,400	[handle redacted], count not retrievable via public tools (confirm live)
TikTok	Account exists, low volume	None found	None found
Programmatic short-form video	None evident	None evident	None evident
Staff/team content	None evident	None evident	None evident
Educational / pet-care content	None evident	None evident	None evident
Cross-platform repurposing	None evident	None evident	None evident

Sources: public Instagram/TikTok/Facebook profiles, [network site] public network pages. Numbers verified during the audit window. Scope intentionally limited to organic content production, what EVEN

Media actually delivers. Web, SEO, paid media, and reputation management are outside our scope and are not assessed in this audit.

Location A (Leander-style [Austin-area market])

What's working: Real brand identity (the Location A naming hooks into a geographic landmark, the toll road), distinct visual treatment versus the other two clinics, and an Urgent Care positioning that gives the content team something specific and emotional to work with.

What's not: Social presence is invisible. ~400 IG followers and ~200 FB likes after a year-plus in a market of 80,000+ people means almost nobody in [market] knows the clinic exists. The TikTok account exists but has near-zero discoverable activity. There are no staff features, no pet-of-the-week content, no behind-the-scenes from the Urgent Care side, no educational reels. The content is announcement-driven and irregular.

Single biggest gap: No weekly short-form video engine. Urgent Care lives or dies on top-of-funnel awareness; pet owners decide who to call in the 90 seconds before they call. Without consistent video presence in their feeds, Location A is invisible at the moment of decision.

Location B ([Austin-area market])

What's working: The most established of the three, three years in market and the largest Facebook following in the network at ~1,400 page likes. That audience is a real asset; it just hasn't been worked. The clinic also has named staff and DVMs comfortable being public-facing, which is exactly the raw material a short-form video engine needs.

What's not: Instagram has 13 lifetime posts in 3 years. The 10x gap between FB likes (~1,400) and IG followers (~200) tells you Location B stopped investing in social around 2020; Instagram was an afterthought that never got the same attention. There's a near-identical brand in the market ([lookalike-named competitor]), and the brand-confusion risk is real, but the way we'd defend the brand is through visible, consistent content that makes Location B the recognizable face in the community, not through SEO work that's outside our lane.

Single biggest gap: A dormant Instagram and zero short-form video. The most established clinic in the network has the smallest video footprint. Reactivating IG with weekly reels (staff features, pet stories, educational content) is the fastest way to build a content moat the lookalike competitor can't match.

Location C ([Austin-area market])

What's working: Newest of the three locations, sister-brand operational support from the parent network already in place. The discount program (seniors, first responders, teachers, veterans, military, non-profits) is a real differentiator that competitors aren't matching, and it's exactly the kind of story that produces strong short-form content.

What's not: This is where the alarm bells are. The newest location is starting from the thinnest content base of the three:

- A market-specific Instagram exists at [handle redacted]. Follower count, post cadence, and engagement are not retrievable via the public tools we have access to and would be confirmed on the kickoff call. Important context: there is also a separate [handle redacted] account associated with a Florida clinic of the same name, and a [handle redacted] account for a Georgia clinic. Pet owners searching the clinic name on Instagram are landing on three different brands. The Location C account needs to actively defend its identity with consistent video content; that's the only way to win brand recognition against the same-name accounts.
- No discoverable launch content. A new clinic with a real differentiator (the discount program for community workers) opened to silence: no walkthrough video, no team intros, no client/pet features, no series narrating what the new clinic offers and why someone should switch.

Single biggest gap: This is the launch that didn't have a launch. The new location deserved a 90-day content campaign (staff features, walkthrough video, discount program highlights, community testimonials). Without one, every month that goes by makes the local incumbent harder to dislodge.

04 / WHERE THE SYSTEM IS BREAKING

Three named gaps. These are network-level; fixing them at one clinic at a time costs more and produces less than fixing them across all three.

Gap 01 · There is no shared content engine

Every clinic produces (or doesn't produce) its own social posts, with no shared editorial calendar, no shared brand voice document, and no shared production day. A single afternoon shoot at one clinic could feed all three feeds for two weeks. That's not happening. **Cost: ~3x the production effort for ~1/3 the per-clinic output.**

Gap 02 · The Location C launch is dying on the vine

A brand-new location opened with no launch content campaign. No walkthrough video, no staff intros, no patient stories, no series telling pet owners in [market] why this clinic should be their pick. Combined with the brand-name confusion across the unrelated Florida and Georgia clinics on Instagram, the Location C brand is invisible at the moment new pet owners are choosing a vet. **Cost: every week the clinic operates below the patient volume it was built for is direct margin loss, and a launch that gets delayed is much harder to manufacture later than to do at the right moment.**

Gap 03 · Location B's biggest asset is dormant

Location B has the largest Facebook audience in the network (~1,400 page likes) and the longest history in the community (three years of patient relationships). None of that is being

activated through content. Instagram has 13 posts in three years. There are no staff features, no patient stories, no educational reels, no behind-the-scenes content showing the team that built that audience in the first place. **Cost: an established audience that doesn't see fresh content drifts. Every month the Location B team produces no video content is a month of slow audience attrition, and a lookalike-named competitor in market makes that attrition more expensive.**

05 / WHAT WE'D CHANGE FIRST

Ranked. Top of the list is the highest-leverage move. Each is paired with the specific outcome it produces, so the dollar value is legible to the leadership team.

1. **Stand up a network-wide weekly Reels engine.** Two production days per month at the locations on a rotation. Every shoot day produces 6 to 8 short-form videos that publish across all three IG/TikTok/FB feeds (with location-specific captions). This is exactly the Tier 1 deliverable from your proposal, but executed across the network, not at one clinic. **Why it matters:** Discoverability compounds. Followers, brand searches, and walk-in traffic move on a 60 to 90 day curve. This is how Location A's Urgent Care side fills.
2. **Run a 30-day Location C launch content sprint.** Produce a launch package in the first month: a clinic walkthrough video, named team intros for every DVM and tech, three short-form features on the discount program (first responders, teachers, veterans), a patient/pet story series, and weekly cadence on [handle redacted] so the Location C brand starts owning its own identity against the unrelated Florida and Georgia same-name accounts. **Why it matters:** Every additional month of underperformance at the new location is direct margin loss. A coordinated 30-day content launch is the fastest way to manufacture the launch moment that didn't happen.
3. **Reactivate Location B's Instagram.** Location B has the largest Facebook audience and the longest community history in the network, and the smallest video footprint. Build a weekly reels engine featuring the staff (named DVMs, techs, front desk), pet/client features, and educational pet-care content. Reposition Location B as the recognizable, trusted face in the community; that's the brand defense that actually works against a lookalike competitor. **Why it matters:** Your most established clinic is your most valuable audience. The fastest way to grow it (and protect it) is to start producing content again.

06 / THE OFFER, MADE PLAINLY

This section answers four questions in order: what you actually get out of this, how likely it is to work, how long it takes, and how much of your team's time it costs. Then the tier fit, then the guarantees that make saying yes a low-risk decision.

What you actually get (the outcome)

Twelve months from now, the group looks like this:

- **A network identity people recognize.** Pet owners in the three [Austin-area markets] see your content in their feeds before they ever need a vet, so when they do need one, they call you, not the incumbent across town.
- **A content library that compounds.** Every shoot day produces assets that work for months: short-form videos, photos, captions, feeding all three feeds plus the websites. The library gets bigger and more useful every month, not smaller.
- **Staff who become the brand.** Your DVMs, techs, and front desk are the most credible salespeople you have. Right now they're invisible online. With us, they're the face of every clinic, which is exactly why pet owners switch vets.
- **A defensible position at each location.** Location B stops losing search traffic to its lookalike competitor. Location A builds the audience its Urgent Care side needs to hit ramp. Location C gets the launch it should have had.
- **One vendor instead of three.** One brand voice, one editorial calendar, one production schedule, one point of contact. [The leadership team] stops coordinating across multiple freelancers and one-off shoots.

Why this works (the proof)

Three reasons we're confident in the outcome:

- We've built this exact engine for **HeroDevs**, a multi-product SaaS company that needed network-level content across distinct brands. The model translates directly: shared shoot days, shared editorial calendar, location-specific outputs.
- The network structure is already in place. The group has central operations ([the Operations Director]), shared brand parent, and consistent team handoffs. The hardest part of multi-location content (coordinating three sets of stakeholders) is already solved.
- The competitive baseline is low. None of the direct competitors in any of the three markets are running a real content engine. Modest, consistent output puts you ahead of the field within 90 days.

How fast (the timeline)

Onboarding is 2 weeks. First shoot day is Week 3. First content live by Week 4. Measurable signal (reach, follows, engagement) by Day 60. Visible business impact (calls referencing content, walk-ins, online inquiries naming a clinic) by Day 90. The 3-month minimum in your proposal exists because that's the window where the system stops being a cost center and starts being a flywheel.

How easy (the lift on your team)

This is where the math really gets compelling. Your team's involvement, monthly:

- One ~4-hour shoot day per month, on a rotation across the three locations.
- One 30-minute kickoff call per month to approve the editorial calendar.
- Async approvals in our review software (~10 minutes/week, per clinic).

That's it. We handle scripting, filming, editing, captions, scheduling, hashtag research, brand voice consistency, performance reporting. The total monthly time commitment from leadership is **under 8 hours**. Compare that to managing freelancers across three locations.

Tier fit

Your proposal's tier structure is the right structure. Based on the audit, this is the read on which one fits the group today:

Tier	Tier 1 · Starter (\$2K)	Tier 2 · Growth (\$6K)	Tier 3 · Full (\$10K)
Fits which clinic	Test at one location (Location A recommended, newest brand, fastest signal)	Network-wide reels + creative direction. Right tier for the group today.	Network-wide + paid + reporting + dedicated POC. Right tier within 6 months.
What it actually solves	Validates the content engine without overcommitting	Closes Gap 01 (no shared engine), Gap 02 (Location C launch), and Gap 03 (Location B brand defense), all in one motion	Everything in Tier 2 plus full social management, monthly performance reporting, and dedicated POC across all three locations
Per-clinic cost	\$2,000/mo (one clinic only)	\$2,000/mo per clinic	\$3,333/mo per clinic
Honest read	Right answer if the team needs to see one location work first.	Best fit. Same per-location cost as Tier 1 but with shared production, scripting, and brand voice across the network.	Right tier once the Location C launch is salvaged and you want full social management, monthly performance reporting, and a dedicated POC across all three locations.

Bonuses (included, not extra)

- **Brand voice & visual playbook**, one shared document covering tone, visual style, hashtag strategy, and per-clinic differentiation. Yours to keep, even if we part ways.
- **Location C launch sprint**, the 30-day content launch from Recommendation #2 is included in month one of any tier. We're not charging extra for it because the launch is time-sensitive and we want to fix it.

- **Location B IG reactivation pack**, a curated 8 to 10 piece short-form video bank produced in the first 30 days to wake the dormant Instagram account back up. Included.
- **Review software access**, your team approves every piece of content before it ships. No surprises, no reputational risk.
- **Full asset rights**, even if the engagement ends after the 3-month minimum, you keep every video, photo, and edit we produce. No vendor lock-in.

Risk reversal

Two specific commitments that make the decision lower-risk:

- **90-day signal or we stop the clock.** If you're not seeing measurable signal (follower growth, engagement lift, content people are actually saving and sharing) by the end of month 3, we pause month 4 and rework the strategy at no additional cost. We'd rather get it right than keep billing.
- **Owned, not rented.** Every asset we produce is yours, full rights, in perpetuity. The brand voice doc is yours. The editorial calendar template is yours. If we're not the right fit at month 6, you walk away with a working content system and a library you own.

Month 1 / Month 3 / Month 6 milestones (Tier 2)

- **Month 1:** Brand & voice doc complete. Two production days rotating across locations. ~12 to 16 short-form deliverables live. Location C launch sprint shipped (walkthrough, team intros, discount-program features). Editorial calendar published for month 2 sign-off.
- **Month 3:** Library of 30+ short-form videos across the network. Combined IG follower growth target: 2,000+ across the three accounts (from the current baseline, that's a measurable discoverability floor, not a vanity metric). Location B IG reactivated and on a weekly cadence. Location A Urgent Care series in market.
- **Month 6:** Network-wide content cadence is self-sustaining. Walk-ins and call volume are referencing content people are seeing online. Decision point on whether to expand to Tier 3 for full social management and monthly performance reporting.

07 / NEXT STEP

If the Tier 2 sketch above lines up with where [the leadership team] wants this to go, reply to the proposal email and we'll send a real Statement of Work, firm numbers, 90-day onboarding plan, and the first shoot day on the calendar.

If you'd rather start at Tier 1 and prove it at one clinic first, **Location A is the right test case**, newest brand, fastest signal-to-noise, and the urgent care side gives us a clear KPI (walk-in volume) to point to in 90 days.

If you want to take this audit and run it yourselves, that's also fine. The recommendations above are the ones that would move the needle most regardless of who executes them.

Either way, thanks for the meeting. Three locations, one operating company, real growth ambition. This is a fun problem.

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APPENDIX · METHOD & SOURCES

This audit was prepared from publicly visible data only. We did not access any backend analytics, Meta Insights, GA4, booking platforms, or paid-ad accounts. Backend access on the kickoff call would refine, and likely sharpen, every finding above.

Scope of this audit

In scope: organic content footprint across Instagram, TikTok, and Facebook for the three clinics. Audience size, post cadence, content themes, video output, brand voice consistency across locations.

Out of scope (and not assessed): website development, technical SEO, page indexation, schema markup, blog content production, paid media performance, Google Business Profile, review-velocity / reputation management. EVEN Media is a content production partner (video, photo, social, brand voice). Where you need work outside that scope, you'd want a separate web/SEO partner; we're happy to coordinate handoffs but won't pretend to be the right vendor for it.

Instagram and TikTok metrics: both platforms block unauthenticated scraping, so follower counts and per-post engagement are limited to what shows up in Google's search-card metadata. Anything we couldn't verify is flagged as such in the per-clinic snapshots and the comparison table, to be confirmed live on the kickoff call.

Tools used

- Public Instagram, TikTok, and Facebook profiles for the three clinics
- Google search-card metadata (the only programmatically retrievable IG/TikTok data)
- Public network pages
- LinkedIn (company page, leadership profile)