CLIENT SURVEY

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client service and Veterinary Health Care. We strive toward this excellence through continuing education, technical advances and compassionate care for all pets entrusted to us.

You can help us reach and maintain this level of service by sharing your veterinary needs and expectations. By completing this client survey, you will be a part of our team meetings and be assured that your comments will be discussed and acted upon. Thank you for your time and effort.

(Please Note: Your privacy is 100% assured.)

How Did You Choose our Hospital? A friend or relative recommended the practice	_	×°0000
I saw the practice in the Yellow Pages		Ŏ
Found you through the Search Engines		0
Other:		
Your Telephone Experience:	Yes	No
My call was answered promptly	Q	Q
It was easy to make an appointment	Q	Ŏ
I was referred to the hospital website to get necessary forms ahead of time		\sim
I was placed on hold too long		\simeq
I was offered to be called back if needed		000000
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Your Impression of our Receptionist (Over the Phone): Friendly and attentive	Yes	No
Courteous	_	\sim
Informative		000
Your Impression of our Receptionist (In Person): Stood and greeted me	0000	⁵ 000000
Your Impression of our Reception Area: Comfortable	Yes	No
Neat & Clean		000
Counter tops free from clutter		Ŏ
Retail displays are well organized	Ŏ	Ō
Odor-free	Q	Q
Pet-friendly	O	0
Your Impression of our Parking Lot/Grounds:	Yes	No
Clean		8
Your Impression of our Hospital Website I visited the Pet Hospital Website	Yes O	No O
I found the website to be helpful & resourceful	Ŏ	Ó

	Yes 00000 Yes 00000000	§ 00000 §000000C
Listened to what I said & answered all my questions Gave clear advice about how to treat my pet Behaved professional in manner and appearance Answered all my questions Comforted me and my pet		_
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Additional Questions: Was your waiting time reasonable? Do you feel the fees were reasonable? Did you understand all our fees? If you marked "No" please explain Will you recommend us to others? Why or why not? What suggestions do you have for improving the office, staff or procedures?	Yes	×000
If you would like us to contact you, please fill out the necessary information. Name: Email: Phone:		