

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
- I drove by and saw your hospital sign
- I saw the practice in the Yellow Pages
- Found you through the Search Engines

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other:

Your Telephone Experience:

- My call was answered promptly
- It was easy to make an appointment
- I was referred to the hospital website to get necessary forms ahead of time
- I was placed on hold too long
- I was offered to be called back if needed
- I did not phone

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Receptionist (Over the Phone):

- Friendly and attentive
- Courteous
- Informative

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Receptionist (In Person):

- Aware of purpose of visit
- Seemed warm and cheerful
- Gave me undivided attention
- Seemed hospitable
- Answered all my questions

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Reception Area:

- Comfortable
- Neat & Clean
- Countertops free from clutter
- Retail displays are well organized
- Odor-free
- Pet-friendly

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Parking Lot/Grounds:

- Clean
- I found a parking spot with ease

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Hospital Website:

- I visited the Pet Hospital Website
- I found the website to be helpful & resourceful
- I printed out any necessary forms ahead of time from the Hospital Website

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Technician:

- Greeted me with warmth
- Was gentle with my pet
- Seemed proficient and knowledgeable
- Gave me the information I needed
- Pet-friendly

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Veterinarian:

- 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
- Made me feel valued

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Will you recommended us to others?
Why or why not?**

What suggestions do you have for improving the office, staff or procedures?

If you would like us to contact you, please fill out the necessary information.

Name:

Email:

Phone: