

CLIENT SURVEY

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client service and Veterinary Health Care.

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)

If you have a comment to any question, please write a note on the corresponding line.

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 Internet
- Found you through a mobile phone app
- Found you through my GPS
- Other _____

Your Telephone Experience:

Receptionist name (if known) _____

- My call was answered before the 4th ring..... Yes No Not Sure
- It was easy to make an appointment
- I was placed on hold too long
- I was offered to be called back if needed
- I was referred to the hospital website to get necessary forms ahead of time
- I did not phone

Your Impression of our Receptionist (Over the Phone):

- Friendly and attentive..... Yes No Not Sure
- Courteous and caring..... Yes No Not Sure
- Informative

Your Personal Experience: Receptionist name (if known) _____

(Checkout receptionist's name is on your receipt as the last item)

Your Impression of our Receptionist (In Person):

- Greeted or acknowledged me immediately
- Was courteous and friendly
- Was aware of the purpose of my pet's visit
- Genuinely cared about my pet
- Gave me undivided attention
- Answered questions and explained medication/doctor instructions.....
- Recognized I had special needs (if applicable)

Your Impression of our Reception Area:

- Comfortable
- Neat & Clean
- Retail displays are well organized
- Odor-free
- Pet-friendly.....

Your Impression of our Parking Lot/Grounds:

- Clean and safe
- I found a parking spot with ease.....

Your Impression of our Hospital Website

- I visited the Pet Hospital Website

I found the website to be helpful & resourceful Yes No Not Sure
I printed out any necessary forms ahead of time from the Hospital Website Yes No Not Sure
I registered to be a member and/or to receive free newsletters..... Yes No Not Sure

Your Impression of our Nurse or Assistant: Nurse or assistants name _____

Greeted me with warmth..... Yes No Not Sure
Was gentle with my pet Yes No Not Sure
Seemed proficient and knowledgeable Yes No Not Sure
Gave me the information I needed..... Yes No Not Sure
Pet-friendly Yes No Not Sure

Your Impression of our Veterinarian: Veterinarian's name Dr. Porte (male) Dr. Pandi (female) Other _____
Veterinarian's name appears to the right of each item on your receipt

Introduced himself/herself Yes No Not Sure
Listened to what I said & answered my questions Yes No Not Sure
Gave clear advice about how to treat my pet Yes No Not Sure
Behaved professionally in manner and appearance Yes No Not Sure
Was compassionate with me and my pet Yes No Not Sure
Made me feel valued Yes No Not Sure

Additional Questions:

Was your waiting time reasonable? Yes No Not Sure
Do you feel the fees were reasonable? Yes No Not Sure
Did you understand all our fees? Yes No Not Sure
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?

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

Name:

Email:

Phone:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. WE RECOGNIZE THAT YOU ARE BUSY AND SINCERELY APPRECIATE YOUR EFFORT IN HELPING US IMPROVE OUR SERVICE.