

## CLIENT SURVEY



Thank you for giving us the opportunity to serve you. Please help us better meet your needs by taking a moment to complete this questionnaire. As you answer these questions think about your experience on today's visit only. Please return this questionnaire to the receptionist or place in the box at the front desk. Thank you for your participation.

	YES	NO
1) Did you call to schedule today's appointment? If no proceed to Question 4	<input type="checkbox"/>	<input type="checkbox"/>
2) Was your call answered promptly and courteously?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you feel you were on hold for an extended period of time?	<input type="checkbox"/>	<input type="checkbox"/>
4) Were you greeted in a timely courteous fashion when you arrived today?	<input type="checkbox"/>	<input type="checkbox"/>
5) Was the front desk staff efficient and competent?	<input type="checkbox"/>	<input type="checkbox"/>
6) Was the front desk staff concerned about your pet?	<input type="checkbox"/>	<input type="checkbox"/>
7) Did you have to wait long before going into an exam room?	<input type="checkbox"/>	<input type="checkbox"/>
8) Was the veterinary technician knowledgeable and careful with your pet?	<input type="checkbox"/>	<input type="checkbox"/>
9) Was the veterinary technician concerned about your pet?	<input type="checkbox"/>	<input type="checkbox"/>
10) Did you have to wait to see the doctor after being checked in by the technician?	<input type="checkbox"/>	<input type="checkbox"/>
11) Did the doctor answer all of your questions clearly and completely?	<input type="checkbox"/>	<input type="checkbox"/>
12) Was the exam room clean and professional?	<input type="checkbox"/>	<input type="checkbox"/>
13) Was our payment policy clearly explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
14) Was the bill presented in adequate detail?	<input type="checkbox"/>	<input type="checkbox"/>
15) Would you recommend our veterinary practice to your friends or family?	<input type="checkbox"/>	<input type="checkbox"/>
16) Was there an employee that you would like to mention that provided you and your pet outstanding customer service during your visit to our hospital? _____		
17) Comments that you feel would help improve our practice: _____		
_____		
_____		

Receptionist: \_\_\_\_\_  
 Veterinarian: \_\_\_\_\_  
 Your name (optional): \_\_\_\_\_

Technician: \_\_\_\_\_  
 Date service provided: \_\_\_\_\_  
 Pet name (optional): \_\_\_\_\_