



## CLIENT SURVEY

Date of Visit: \_\_\_\_\_

In an effort to continually increase the quality and care we provide, please help us by completing this brief survey so that we can learn how to improve.

WAS THE RECEPTION STAFF	Yes	No
Prompt in greeting you?	<input type="checkbox"/>	<input type="checkbox"/>
Polite and helpful?	<input type="checkbox"/>	<input type="checkbox"/>
Neat in appearance?	<input type="checkbox"/>	<input type="checkbox"/>
Well informed?	<input type="checkbox"/>	<input type="checkbox"/>
Pleasant on the phone?	<input type="checkbox"/>	<input type="checkbox"/>
Please comment: _____		
_____		

TELEPHONE SERVICE	Yes	No
Do you often get a busy signal?	<input type="checkbox"/>	<input type="checkbox"/>
Are you put on hold too often?	<input type="checkbox"/>	<input type="checkbox"/>
Are you put on hold too long?	<input type="checkbox"/>	<input type="checkbox"/>
Please comment: _____		
_____		

WAS THE CLINIC	Yes	No
Clean and neat in appearance?	<input type="checkbox"/>	<input type="checkbox"/>
Fresh smelling?	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Parking lot adequate and clean?	<input type="checkbox"/>	<input type="checkbox"/>
Seating adequate	<input type="checkbox"/>	<input type="checkbox"/>
Examination room clean?	<input type="checkbox"/>	<input type="checkbox"/>
Up to your expectations?	<input type="checkbox"/>	<input type="checkbox"/>
Please comment: _____		
_____		

How long have you been coming to us?  
 New Client  \_\_\_\_\_

DID THE VETERINARIAN AND STAFF	Yes	No
Appear friendly and courteous?	<input type="checkbox"/>	<input type="checkbox"/>
Act in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>
Take time to answer questions?	<input type="checkbox"/>	<input type="checkbox"/>
Seem interested in your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Seem interested in your problem?	<input type="checkbox"/>	<input type="checkbox"/>
Explain what they did for you?	<input type="checkbox"/>	<input type="checkbox"/>
Handle financial matters well?	<input type="checkbox"/>	<input type="checkbox"/>
Were you totally satisfied with our care of your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Were you given handouts to help explain the care of your pet?	<input type="checkbox"/>	<input type="checkbox"/>
Please comment: _____		
_____		

WOULD YOU RECOMMEND US TO OTHERS?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Please comment: _____		
_____		

HOW DID YOU HEAR ABOUT OUR CLINIC?
<input type="checkbox"/> A referral e.g. friend, family
<input type="checkbox"/> Our location
<input type="checkbox"/> Phone book
<input type="checkbox"/> Internet Search
<input type="checkbox"/> Other Reason
Please comment: _____
_____

**Do you have suggestions that would help our service to you and others? Please be honest in your reply, as we can only consider those things that we are aware of:**

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*Thank you for taking the time and trouble to answer our questions. Your help and comments are appreciated and will help us in making changes to improve our service to you. Please drop at the Front Desk or mail to: 7611 Winchester Ave, Inwood, WV 25428*