



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 and returning it to the receptionist or mailing it to our office. As you answer the questions, think about your experience on this visit only. Thank you for your participation.

	STRONGLY DISAGREE		STRONGLY AGREE	
1. I was satisfied with my overall experience on this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I was satisfied with the overall value I received for the money I spent on this visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The facility was clean and sterile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was satisfied with the number of days I waited for my appointment after scheduling it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The front desk staff was efficient and competent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The front desk staff was concerned about my pet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was satisfied with the number of minutes I spent waiting in the reception area before my appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was satisfied with the number of minutes I spent waiting in the exam room a before my appointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The veterinarian was compassionate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The veterinarian explained things clearly and completely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The veterinarian was knowledgeable and competent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please share any comments you feel would help us understand your ratings.

13. If you would like someone to contact you about your visit, please share your name and phone number:

14. Date service was provided: <serv-date>

15. Name of veterinarian who saw your pet on this visit: <serv-doctorname>

16. May we share your comments online? Yes No 1st Name & last initial: _____