

## Client Satisfaction Survey

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*(Or you may choose to remain anonymous if you prefer)*

### **Hospital:**

#### **Reception Evaluation**

Please rate the following:

*(Circle one) 1 lowest through 4 highest*

When you call, is the phone answered promptly?	1	2	3	4
If you were put on hold, were you answered back in a reasonable amount of time?	1	2	3	4
Do you feel the appointment hours are convenient to your personal needs?	1	2	3	4
Are you treated courteously over the phone and in person by the reception team?	1	2	3	4
How would you rate the cleanliness of the reception area?	1	2	3	4
Do you feel the check-in process is efficient?	1	2	3	4
Do you feel the check-out process is efficient?	1	2	3	4

#### **Technician/Nursing Evaluation**

Do you feel our nursing staff offers adequate education and guidance on common pet-related issues?	1	2	3	4
Do you feel our nursing staff is courteous and friendly?	1	2	3	4
Do our nurses know your pet(s) medical history and answer your questions to your level of comfort?	1	2	3	4
Are your pet(s) happy to see us when they come in? (Please be honest)	1	2	3	4
How would you rate the cleanliness of the exam rooms?	1	2	3	4

#### **Doctor Evaluation**

Do you feel the doctor spent adequate time with you and your pet(s)	1	2	3	4
Do you feel our doctors are courteous and friendly?	1	2	3	4
When medical recommendations are made, do you feel enough education is given for you to make a confident decision as an advocate for your pet?	1	2	3	4

