



Receive \$5.00 toward Veterinary Services

We appreciate you taking time to let us know how we are doing. After your pets' visit, please either mail, fax or bring this survey to our hospital and we will apply a \$5.00 credit toward future veterinary services.

	<i>Very Satisfied</i>	<i>Satisfied</i>	<i>Dissatisfied</i>	<i>Very Dissatisfied</i>	<i>Other/Comments</i>
1. Convenience of Hospital Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Ease of scheduling an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Punctuality in serving you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Adequate time spent with the Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Explanation of the Exam and Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Quality of service(s) provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Receipt of value for services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Level of care and concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Level of customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Cleanliness of our Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Professionalism and appearance of our staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Commitment to Our Clients

To provide the community with the highest quality veterinary care at extraordinary customer service levels.

To apply the \$5.00 credit to your account, we need the following:

Client name _____

Pet(s) name(s) _____

Date of visit _____ Account _____ Invoice _____

(Information located in the upper right hand corner of your invoice.)