



GREEN COUNTRY VETERINARY HOSPITAL

“THE OTHER FAMILY DOCTOR”



### New Client Satisfaction Survey

At Green Country Veterinary Hospital, we value each client relationship. Because you are a new client, we want to make sure that we exceeded your expectations. **Will you please take a moment to complete and return this brief survey? Please Check as many that apply.**

- 1. When you telephoned our office was your call answered promptly? Yes No
- 2. Did the staff member identify the name of the hospital as well as their own name? Yes No
- 3. Was your telephone conversation with the receptionist:
  - Courteous Hurried Impolite Neither friendly nor discourteous Other\_\_\_\_\_

Name of receptionist you spoke with? \_\_\_\_\_

- 4. When I visited the hospital the receptionist was:
  - Warm/Cheerful Cold/Unfriendly/Impolite Knowledgeable/Helpful Uninformed

Name of the receptionist who assisted me was? \_\_\_\_\_

- 5. When you visited our hospital how did you find our facilities:
  - Comfortable Clean/Neat Disorderly Odor free Functional Other\_\_\_\_\_

- 6. The technician assisting the Veterinarian was:
  - Professional in manner and appearance Friendly Handled my animal with care and concern
  - Prompt in attending to my animals needs

Name of technician who assisted the Veterinarian: \_\_\_\_\_

- 7. The Veterinarian was:
  - Professional in manner and appearance Friendly Left me with a clear understanding of my animals condition
  - Understood my concerns for my pet

Name of the Veterinarian who treated my pet: \_\_\_\_\_

- 8. Will you ever use our services again? Yes No

9. How did find us? (referral, internet search, facebook)  
\_\_\_\_\_

10. When looking for a veterinarian, where do you normally search before you make your selection?  
\_\_\_\_\_

11. How could we improve our hospital’s service?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank You for Your Feedback!

Your help and comments are appreciated and will help is in making changes to improve our service to our clients.

If you would like us to contact you, or would like to be added to our monthly newsletter please provide:

Name \_\_\_\_\_ Daytime phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

You may also fax your survey to (918) 298-4085