**Animal Wellness Center Client Satisfaction Survey**

1. **How likely would you recommend out clinic to a friend or associate?**

 Likely

 Neutral

 Unlikely

1. **Please consider your experience with us before you appointment as you read the following statements and then mark how much you agree or disagree. Please mark N/A if the statement does not apply.**

**My calls are answered promptly**

 Agree Neutral Disagree N/A

**I was placed on hold too long**

 Agree Neutral Disagree N/A

**My phone conversation was courteous**

 Agree Neutral Disagree N/A

**My phone conversation was informative**

 Agree Neutral Disagree N/A

**I felt my level of concern was appreciated**

 Agree Neutral Disagree N/A

**My appointment was scheduled in a timely manner considering the urgency of the situation**

 Agree Neutral Disagree N/A

1. **Please consider your experience after you arrived at the hospital, but before your appointment, as you read the following statements and mark how much you agree or disagree. Please mark N/A if the statement does not apply.**

**The parking lot and grounds were clean**

 Agree Neutral Disagree N/A

**The receptionist was warm and cheerful**

 Agree Neutral Disagree N/A

**The lobby was neat, clean, and had a pleasant odor**

 Agree Neutral Disagree N/A

**The lobby was child friendly**

 Agree Neutral Disagree N/A

1. **Please consider your experience with the technician or veterinary assistant during your appointment time as you read the following statements and then mark how much you agree or disagree. Please mark N/A if the statement does not apply.**

**The technician/assistant greeted me warmly**

 Agree Neutral Disagree N/A

**The technician/assistant was kind and gentle with my pet**

 Agree Neutral Disagree N/A

**The technician/assistant had good technical skills**

 Agree Neutral Disagree N/A

**The technician/assistant was knowledgeable**

 Agree Neutral Disagree N/A

1. **Please consider your experience with the veterinarian during your appointment as your read the following statements and mark how much you agree or disagree. Please mark N/A if the statement does not apply.**

**My pet’s appointment was with:**  Dr. Hillary Cook, DVM CVA

 Dr. Lauren Conners, DVM

 Dr. Bridget Bierly, DVM

**The veterinarian was professional in manner and appearance**

 Agree Neutral Disagree N/A

**The veterinarian listened well to my pet’s present symptoms**

 Agree Neutral Disagree N/A

**The veterinarian seemed interested in what I had to say**

 Agree Neutral Disagree N/A

**The veterinarian did a thorough and complete physical exam**

 Agree Neutral Disagree N/A

**The veterinarian did a good job educating me about findings, when I left I Understood diagnosis and treatment options well**

 Agree Neutral Disagree N/A

**The veterinarian was able to make me feel comfortable with the outcome of my pet’s visit**

 Agree Neutral Disagree N/A

1. **Please consider your overall experience with Animal Wellness Center as you read the following statements and then mark how much you agree or disagree. Please mark N/A if the statement does not apply**

**The office hours are convenient**

 Agree Neutral Disagree N/A

**My waiting time was reasonable**

 Agree Neutral Disagree N/A

**I was given a clear treatment plan (estimate) if applicable**

 Agree Neutral Disagree N/A

**I received good value for what I paid**

 Agree Neutral Disagree N/A

1. **What suggestions do you have for improving the office, staff, or procedures?**
2. **Is there anything else you would like to share about your experience with Animal Wellness Center?**
3. **This survey is anonymous, but if you would like a response please include your name and phone number below. Thank you!**