

## Best Friends Animal Hospital & Urgent Care Center Client Survey

Please help us improve our service to you and your pet! Take a few minutes to fill out this survey and let us know what you think.

For items 1-10, please circle YES or NO. If you answer NO, please explain in the comments section.

- |   |     |    |
|---|-----|----|
| 1. Was the receptionist knowledgeable and courteous when you called?        | YES | NO |
| 2. When you entered the hospital, were you greeted?                         | YES | NO |
| 3. Was your appointment seen within an acceptable time frame?               | YES | NO |
| 4. Were your Doctor and nurses knowledgeable, professional, and courteous?  | YES | NO |
| 5. Did you have any unanswered questions at the end of the appointment?     | YES | NO |
| 6. Do you feel that you received value for the fees that you paid?          | YES | NO |
| 7. Are our hours of operation convenient? If not, what would you recommend? | YES | NO |
| 8. Would you recommend Best Friends Animal Hospital to others?              | YES | NO |

Name and Phone Number: \_\_\_\_\_  
(optional)

Would you like us to contact you regarding this survey? YES NO

COMMENTS - Please comment on any items above or any additional suggestions that you feel would improve our hospital:

We sincerely thank you for taking the time to fill out this survey!