

Fairfield Veterinary Hospital

Client Satisfaction Survey

Thank you for giving us the opportunity to serve you. We strive to provide you with excellent veterinary service. Please help us better meet your needs by taking a moment to complete this questionnaire, and returning it to the receptionist or mailing it to our office.

1. When you called for an appointment, was your call handled cheerfully and promptly?
Yes____ No____
2. Did you find the staff to be helpful on the phone and in the hospital?
Yes____ No____
3. When you arrived at the hospital, were you greeted warmly by the staff?
Yes____ No____
4. Did you find your wait time to be reasonable?
Yes____ No____
5. Did you find the facility clean?
Yes____ No____
6. Did the veterinarian clearly explain your pet's problem and any recommended treatment?
Yes____ No____
7. Did you feel the veterinarian listened carefully and answered all of your questions?
Yes____ No____
8. Do you feel your pet received quality professional health care?
Yes____ No____
9. Would you recommend our veterinary practice to your friends?
Yes____ No____
10. Were you satisfied with your overall experience at our hospital?
Yes____ No____

Comments that you feel would help our practice:

Would you like us to contact you? Yes____ No____

If yes, please give your name and phone number: _____