



# SOUTH PEAK VETERINARY HOSPITAL, P.C.

1712 Route 212  
PO Box 275  
Woodstock, NY 12498  
(845) 679-6091

## CLIENT SURVEY

Thank you for giving us the opportunity to serve you. 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.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Was your call answered promptly?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was our telephone response courteous and helpful? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was our waiting room comfortable and clean?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did the wait before seeing the doctor seem brief? | <input type="checkbox"/> | <input type="checkbox"/> |

If not, how can we improve: \_\_\_\_\_  
\_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 5. Was the veterinary technician helpful and careful with your pet?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the doctor courteous and genuinely concerned with your pet's health?     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Did the veterinarian explain your pet's problem clearly and completely?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you feel your pet received quality professional health care?              | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did you find the facility clean?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If your pet was hospitalized, did the stay seem reasonable for the illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. After a hospital stay, was your pet returned to you clean?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Was our payment policy clearly communicated to you?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Was the billing presented in adequate detail?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Would you recommend our veterinary practice to your friends?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If your pet was groomed here, were you pleased?                             | <input type="checkbox"/> | <input type="checkbox"/> |

16. Comments that you feel would help our practice: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date service provided: \_\_\_\_\_

Your name (optional): \_\_\_\_\_

Pet's name (optional): \_\_\_\_\_