

NEW CLIENT QUESTIONNAIRE FORM

Welcome to our hospital! Our goal is to provide high quality veterinary health care in a modern, clean and compassionate environment. Please help us provide for your needs and those of your pet by sharing your comments about your expectations during your visit regarding our care. By completing this questionnaire, you can take part in our staff meeting. Your comments will help us have meaningful dialogue and achieve our goal. Thank you very much for your valuable time and caring thoughts.

How were you referred to our office?

Friend _____ Drove by _____ Yellow Pages _____
 Website _____ Facebook _____ Other _____

Our Parking lot offered

Adequate parking _____ Inadequate parking _____

Our grounds were

Clean _____ Litter or unkempt _____

Our waiting room was

Comfortable _____ Neat and clean _____ Odor-free _____
 Uncomfortable _____ Needed odor control _____ Disorderly _____

Our office hours are

Convenient _____ Restrictive _____

Our receptionist(s)

Were warm and friendly _____ Were cold or unfriendly _____
 Gave their undivided attention _____ Seemed indifferent _____
 Were hospitable _____

When you called our practice

My call was answered promptly _____ I had trouble getting through _____
 I was placed on hold too long _____ I did not phone _____
 There was a long wait for someone to answer _____

Your phone conversation was

Courteous _____ Hurried _____ Impolite _____
 Informative _____ Preoccupied _____ I did not phone _____

Your receptionist today was _____

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Your technician

Greeted me warmly _____

Seemed proficient _____

Was gentle with my pet _____

Was a poor communicator _____

Your technician today was _____**Your veterinarian**

Introduced him/herself with a warm greeting _____

Did not seem interested in what I had to say _____

Seemed in a hurry _____

Described the diagnosis and treatment well _____

Left me confused about how to treat my pet _____

Your veterinarian was

Professional in manner _____

Inferior in manner and appearance _____

Able to make me feel like a friend _____

Acceptable in manner and appearance _____

Good at comforting me and my pet _____

Was your waiting time reasonable _____**Did you understand our fees?** _____**Do you feel the fees were fair?** _____

If you checked "no" to any of the above questions, please discuss: _____

Why did you choose this hospital _____**Have you recommended us to others?** Yes _____ No _____

If yes, why? If not, why not? _____

What suggestions would you have for improving the hospital, staff or our procedures?

Owner/Caregiver_____
Date