



How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. Veterinary Holistic Care welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

General Patient Information

In general, what is the quality of your pet's health?

- Outstanding Good Some chronic issues Poor

How often have you visited Veterinary Holistic Care within the past year?

- First Visit 2-5 Visits More than 6

Scheduling Your Appointment

Did you schedule an appointment by phone or did you drop in?

- Scheduled by phone Dropped in

If you scheduled an appointment, did you have to wait longer than expected to get scheduled?

- Yes No

How easy was it to make an appointment by telephone?

- Very easy Very difficult

How long did you wait to speak to a scheduling staff member?

- 0 to 2 minutes 3 to 5 minutes 5 to 7 minutes Longer

How would you characterize the concern that the nurse showed for your problem?

- Outstanding Good Adequate Needs improvement Poor N/A

Did the nurse respond to your requests within a reasonable period?

- Yes No

The Doctor

Were you able to see the doctor of your choice?

- Yes No N/A

Which doctor did you see?

Did you feel that your doctor spent an adequate amount of time with you?

- Yes No N/A

Mark the boxes that characterize the demeanor of your doctor:

- Attentive Concerned Friendly Distracted Rushed Inconsiderate

How would you rate the competence of your doctor?

- Outstanding Good Adequate Needs improvement Poor N/A

Did you feel that your doctor's examination was thorough?

- Yes No N/A

Please rate the clarity of the doctor's explanation of your pet's condition and treatment options:

Outstanding Good Adequate Needs improvement Poor N/A

How well did the doctor include you in your pet's healthcare decisions?

Outstanding Good Adequate Needs improvement Poor N/A

Were your questions answered to your satisfaction?

Yes No N/A

Would you recommend this facility and its staff to your family and friends?

Yes No N/A

The Lab Experience

If your pet received a lab test, please indicate the type(s) of lab test he/she received:

Was the service and turnaround time prompt and courteous?

Outstanding Good Adequate Needs improvement Poor N/A

Additional Feedback

Please list any other services or products you would like us to provide.

Would you like Veterinary Holistic Care to publish a Newsletter?

- Yes No Indifferent

Would you like Veterinary Holistic Care to provide courtesy reminders via phone or email?

- Phone Email Both Neither

Please list any areas in which our service could be improved.

Please share any additional comments.

Personal Information

Providing the following information is optional.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Email: _____

Would you like someone to contact you regarding your responses on this survey?

- Yes No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.