

West Ridge Animal Hospital Client Survey

Here at West Ridge Animal Hospital we care about pets and their people. Our focus is to provide you with excellent quality veterinary services in a modern, clean and caring environment. You can help us by sharing comments about your veterinary care expectations and comments about your visit. Thank you so much for your time and help.

Please return this to the Hospital and we will be happy to exchange this form for either cat or dog treats. (Limit 1 per household please) If you wish to mail this form back to us, we will need to know your name to get you your free treats; otherwise your name is optional. Please check all that apply and please be honest.

Thank you for your time!!

Our Parking Lot/Grounds:

- Adequate parking
- Inadequate Parking
- Clean
- Littered or Unkempt

Our reception area was:

- Comfortable
- Neat and Clean
- Disorderedly
- Odor Free
- Child Friendly

Our Office Hours are:

- Convenient
- Restrictive
- Should be open more

When you telephoned:

- Your call was answered promptly
- There was a long wait for someone to answer
- You had trouble getting through
- You were placed on hold too long

Your phone conversation was:

- Courteous
- Informative
- Hurried
- Impolite
- I did not phone

Our Receptionists:

- Greeted you promptly
- Were warm and cheerful
- Were cold or unfriendly
- Gave adequate attention
- Were helpful

Exam Room Technician:

- Greeted you warmly
- Was gentle with your pet
- Seemed proficient
- Was knowledgeable
- Was a poor communicator

The Veterinarian:

- Was Professional in Manner and appearance
- Introduced himself with a warm greeting
- Had a lack of "people skills"
- Listened well to my pet's present symptoms
- 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

Was your waiting time reasonable?

- Yes
- No

Did you understand your Fees?

- Yes
- No

Did you feel that the fees were fair?

- Yes
- No

Why did you choose put hospital?

Would you recommend us to others?

Yes **No**

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

Name/Phone number (optional)_____

Would you like to be contacted to discuss your comments?

Yes **No**

Thank you for your comments!!