

Client Survey

Thank you for trusting in us to meet your pet's health care needs. Please help us better serve you by taking a few moments to complete this questionnaire and forwarding it back the office. You may do so by using the following options:

Email to: mvh525@aol.com
Mail to: Marathon Veterinary Hospital
11187 Overseas Highway
Marathon, FL 33050

Or bring the survey with you upon arrival of you next visit
Thank you!

- | | YES | NO |
|---|-----|-----|
| 1. Was your call answered promptly?..... | () | () |
| 2. Was our telephone response courteous and helpful?..... | () | () |
| 3. Were you greeted by our receptionist in a friendly manner?..... | () | () |
| 4. Did your wait before seeing the doctor seem brief?..... | () | () |
| 5. If not, how can it be improved? _____
_____ | | |
| 6. Was the veterinary technician helpful and careful with your pet? | () | () |
| 7. Was the doctor courteous and genuinely concerned with your pet's health?..... | () | () |
| 8. Did the veterinarian explain your pet's problem clearly and completely?..... | () | () |
| 9. Do you feel your pet received quality care?..... | () | () |
| 10. Did you find our facility clean and comfortable?..... | () | () |
| 11. If your pet was hospitalized, was he/she returned to you well groomed?..... | () | () |
| 12. Was our payment policy clearly communicated to you?..... | () | () |
| 13. Was the billing presented in adequate detail?..... | () | () |
| 14. Would you recommend our veterinary services to your friends?..... | () | () |
| 15. If your pet was boarding or groomed here, were you pleased?..... | () | () |
| 16. Comments that you feel would help out hospital serve you better _____

_____ | | |

Date service provided _____ Your name _____ (optional)

Thank You!