

WATEREE ANIMAL HOSPITAL

"Caring Hearts & Caring Hands"

500 YORK STREET
CAMDEN, SC 29020
(803) 432-9084

www.WatereeAnimalHospital.com

CLIENT SURVEY

It is a pleasure to serve you at Wateree Animal Hospital! We would appreciate it if you would take a few minutes to complete the following survey. We are always open to your ideas and comments. Please return the survey via mail or e-mail, or feel free to call our office with any comments or concerns you have.

Our parking lot: Parking adequate () Parking inadequate () Clean ()

Our waiting room: Comfortable () Clean/Neat () Uncomfortable () Disordered () Odor ()

Our receptionist: Warm/cheerful () Cool/unfriendly () Impolite () Did not see receptionist ()

When you telephoned for your most recent visit:

Was your call answered promptly?	Yes ()	No ()
Was your conversation courteous & unhurried?	Yes ()	No ()
Was an appointment made to your satisfaction?	Yes ()	No ()

During your most recent visit, the veterinarian was:

Friendly & courteous	Yes ()	No ()
Took an interest in your pet	Yes ()	No ()
Professional in manner and appearance	Yes ()	No ()
Explained my pet's problem in easily understood language	Yes ()	No ()
Were you satisfied with the treatment received	Yes ()	No ()
Do you feel your pet received quality, professional care?	Yes ()	No ()

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

Have you recommended us to others? Yes () No ()

If not, why not? _____

Did you consider the waiting time to be excessive? Yes () No ()

Did you have an appointment? _____ **How long did you have to wait?** _____

What day of the week and what time of day were you here? _____

Regarding fees:

Did you understand the fees Yes () No ()

Did you feel the fees were reasonable Yes () No ()

If you answered "no" please explain which fees, and why:

Regarding a hospital stay:

If your pet was hospitalized, do you feel the length of stay was adequate? Yes () No ()

After a hospital stay, was your pet returned to you clean? Yes () No ()

If your pet was bathed here, were you pleased? Yes () No ()

If you answered "no" please explain why:

Regarding the web site:

How was the appearance of our website? _____

Was our website easy to follow? _____

Was the information provided in the website helpful? _____

Why did you choose this hospital? _____

What time of day is most convenient to bring your pet? _____

Which do you prefer to use: (please rank in order of preference 1 thru 3)

Weekday Drop-Off Service () Weekday Appointment () Saturday Walk-In Hours ()

If extended evening hours were offered, would you use the service? Yes () No ()

What days and/or times would you prefer extended hours? _____

If you were our practice manager, what suggestions would you have for the improvement of the office, staff, procedures, or website? Please be honest in your comments. We are here to serve you, and your suggestions and comments will help us to serve you better!

Your Comments:

Your name (optional) _____ **Phone No (optional)** _____

Your pet's name (optional) _____

Date service was provided _____