



Customer Survey

We are committed to providing you and your pet with the highest quality of service and care. Please take a moment to answer the following questions about your experience at our clinic. We always appreciate your feedback to let us know how we are doing.

GENERAL INFORMATION

1. Was today your first visit to our clinic? Yes No Date: _____

If yes, how did you hear about us? _____

2. Was our office easy to find? Yes No I have been here before

OUR STAFF

On the phone: How would you rate the receptionist's courtesy and ability to help you? Excellent Good Poor Not applicable

In person: How would you rate the receptionist's greeting and helpfulness, in other words, the willingness to assist you? Excellent Good Poor Not applicable

Did you have any problems scheduling an appointment with the veterinarian of your preference? Excellent Good Poor Not applicable

How would you rate the veterinary technician's greeting and helpfulness; in other words, the willingness to assist you? Excellent Good Poor Not applicable

How would you rate the veterinarian's care and helpfulness? Do you feel your questions were answered? Excellent Good Poor Not applicable

How would you rate the overall quality of care and service from our staff? Excellent Good Poor Not applicable

Would you recommend Lake Howell Animal Clinic to your family and friends? Yes, always Maybe Never

Do you have any comments, recommendations or suggestions?

Contact Information is optional; however, it would assist us in any follow-up action and allow us to respond to your needs.

First name _____ Last name _____ Pet's name _____

Phone _____ Email _____