**CLIENT FEEDBACK**

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client service and health care for your pet(s). You can help us reach and maintain this level of service by giving us feedback on your visit to Camelot Animal Hospital and Boarding Kennel. By completing this client survey, you will be a part of our team meetings and be assured that your comments will be discussed and acted upon. Thank you very much for your time and thoughts.

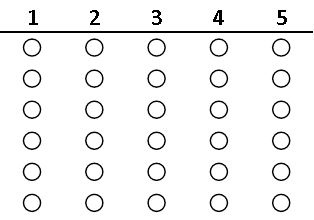
(Please Note: Your privacy is 100% assured.)

Yes No

**How Did You Choose our Hospital?** A friend or relative recommended the practice ............................................................... I drove by and saw your hospital sign .............................................................................. Found you through the Search Engines ........................................................................... I saw the practice in the Yellow Pages ............................................................................. Other:



**Please rate your overall satisfaction. Please use a 5-point scale where 1 is Not Satisfied and 5 is Completely Satisfied.**

**Your Telephone Experience:**

My call was answered promptly .................................................................................... It was easy to make an appointment ............................................................................ I was referred to the hospital website to get necessary forms ahead of time ............. I was placed on hold too long ....................................................................................... I was offered to be called back if needed ..................................................................... I did not phone ..............................................................................................................

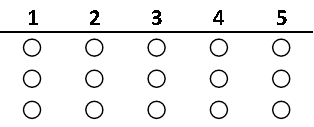


**Your Impression of our Receptionist (Over the Phone):** Friendly and attentive .................................................................................................... Courteous ....................................................................................................................... Informative .....................................................................................................................



**Your Impression of our Receptionist (In Person):** Greeted me promptly .................................................................................................... Aware of purpose of visit .............................................................................................. Seemed warm and cheerful .......................................................................................... Gave me undivided attention ....................................................................................... Seemed hospitable ........................................................................................................ Answered all my questions ........................................................................................... Was knowledgeable about veterinary medicine ...........................................................

**Your Impression of our Reception Area:** Comfortable ................................................................................................................... Neat & Clean .................................................................................................................. Counter tops free from clutter ....................................................................................... Reception area is well organized .................................................................................... Odor-free ........................................................................................................................ Pet-friendly .....................................................................................................................

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**Your impression of our Parking Lot/Grounds:** Parking lot is clean ......................................................................................................... Landscaping is well-kept ................................................................................................ I found a parking spot with ease ....................................................................................



**Your Impression of our Hospital Website:** I visited your hospital website ....................................................................................... I found the website to be user friendly ......................................................................... I found the information on your website useful ........................................................... I printed out forms ahead of time from the hospital website ...................................... I registered to receive free newsletters ........................................................................



**Your Impression of our Technician:** Greeted me with warmth ............................................................................................. Was gentle with my pet ................................................................................................ Seemed proficient and knowledgeable ........................................................................ Gave me the information I needed .............................................................................. Pet-friendly ..................................................................................................................



**Your Impression of our Veterinarian:** Introduced himself with a warm greeting..................................................................... Washed his hands before examining my pet ................................................................ Listened well to my pet’s present symptoms ............................................................... Did not seem interested in what I had to say ............................................................... Seemed in a hurry ......................................................................................................... Was gentle with my pet ................................................................................................ Described the diagnosis and treatment well ................................................................ Behaved professionally in manner and appearance ..................................................... Seemed proficient and knowledgeable ........................................................................ Answered all my questions ........................................................................................... Left me confused about how to treat my pet ............................................................... Comforted me and my pet ............................................................................................ Made me feel valued ....................................................................................................

**Additional Questions:** Are the office hours convenient? ................................................................................. Was your waiting time reasonable? .............................................................................. Do you feel the fees were reasonable? ......................................................................... Did the receptionist explain all the fees before you paid for services? .........................

If you marked “No” please explain

**Will you recommend us to others?**

**Why or why not?**

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

**If you would like us to contact you, please fill out the information below.**

**Name:**

**Phone:**

**Email:**