

MURPHY ROAD ANIMAL HOSPITAL, P.C.

Client Experience Questionnaire

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client service and Veterinary Health Care. We strive toward this excellence through continuing education, technical advances and compassionate care for all pets entrusted to us.

You can help us reach and maintain this level of service by sharing your veterinary needs and expectations. 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 for your time and effort.

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

How Did You Choose our Hospital?

- | | Yes | No |
|---|--------------------------|--------------------------|
| A friend or relative recommended the practice | <input type="checkbox"/> | <input type="checkbox"/> |
| I drove by and saw your hospital sign..... | <input type="checkbox"/> | <input type="checkbox"/> |
| I saw the practice in the Yellow Pages | <input type="checkbox"/> | <input type="checkbox"/> |
| Found you through the Search Engines | <input type="checkbox"/> | <input type="checkbox"/> |
| I found you through Love at First Sight!..... | <input type="checkbox"/> | <input type="checkbox"/> |

Other:

What Services Did You Utilize? (please check all those used)

- | | Used |
|------------------------------------|--------------------------|
| My pet was not feeling well..... | <input type="checkbox"/> |
| Wellness Visit..... | <input type="checkbox"/> |
| Emergency visit..... | <input type="checkbox"/> |
| Grooming..... | <input type="checkbox"/> |
| Bathing..... | <input type="checkbox"/> |
| Love at First Sight! Adoption..... | <input type="checkbox"/> |
| Purchase food or supplies..... | <input type="checkbox"/> |
| Boarding..... | <input type="checkbox"/> |
| Second opinion..... | <input type="checkbox"/> |

Your Telephone Experience:

- | | Yes | No |
|---|--------------------------|--------------------------|
| My call was answered promptly | <input type="checkbox"/> | <input type="checkbox"/> |
| It was easy to make an appointment | <input type="checkbox"/> | <input type="checkbox"/> |
| I was referred to the hospital website to get necessary forms ahead of time | <input type="checkbox"/> | <input type="checkbox"/> |
| I was placed on hold too long | <input type="checkbox"/> | <input type="checkbox"/> |
| I was offered to be called back if needed | <input type="checkbox"/> | <input type="checkbox"/> |
| I did not phone | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Receptionist (Over the Phone):

- | | Yes | No |
|-----------------------------|--------------------------|--------------------------|
| Friendly and attentive..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Courteous | <input type="checkbox"/> | <input type="checkbox"/> |
| Informative | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Receptionist (In Person):

- | | Yes | No |
|-----------------------------------|--------------------------|--------------------------|
| Stood and greeted me | <input type="checkbox"/> | <input type="checkbox"/> |
| Aware of purpose of visit | <input type="checkbox"/> | <input type="checkbox"/> |
| Seemed warm and cheerful | <input type="checkbox"/> | <input type="checkbox"/> |
| Gave me undivided attention | <input type="checkbox"/> | <input type="checkbox"/> |
| Seemed hospitable | <input type="checkbox"/> | <input type="checkbox"/> |

Answered all my questions

Your Impression of our Reception Area:

| | | |
|--|------------------------------|-----------------------------|
| Comfortable | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Neat & Clean | <input type="checkbox"/> | <input type="checkbox"/> |
| Counter tops free from clutter | <input type="checkbox"/> | <input type="checkbox"/> |
| Retail displays are well organized | <input type="checkbox"/> | <input type="checkbox"/> |
| Odor-free | <input type="checkbox"/> | <input type="checkbox"/> |
| Pet-friendly..... | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Parking Lot/Grounds:

| | | |
|---------------------------------------|------------------------------|-----------------------------|
| Clean | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I found a parking spot with ease..... | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Hospital Website

| | | |
|---|------------------------------|-----------------------------|
| I visited the Pet Hospital Website | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I found the website to be helpful & resourceful | <input type="checkbox"/> | <input type="checkbox"/> |
| I printed out any necessary forms ahead of time from the Hospital Website | <input type="checkbox"/> | <input type="checkbox"/> |
| I registered to be a member and/or to receive free newsletters..... | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Technician:

| | | |
|---|------------------------------|-----------------------------|
| Greeted me with warmth..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Was gentle with my pet | <input type="checkbox"/> | <input type="checkbox"/> |
| Seemed proficient and knowledgeable | <input type="checkbox"/> | <input type="checkbox"/> |
| Gave me the information I needed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Pet-friendly | <input type="checkbox"/> | <input type="checkbox"/> |

Your Impression of our Veterinarian:

| | | |
|---|------------------------------|-----------------------------|
| Introduced himself/herself | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Washed his/her hands before examining my pet | <input type="checkbox"/> | <input type="checkbox"/> |
| Listened to what I said & answered all my questions | <input type="checkbox"/> | <input type="checkbox"/> |
| Gave clear advice about how to treat my pet | <input type="checkbox"/> | <input type="checkbox"/> |
| Behaved professional in manner and appearance | <input type="checkbox"/> | <input type="checkbox"/> |
| Answered all my questions | <input type="checkbox"/> | <input type="checkbox"/> |
| Comforted me and my pet | <input type="checkbox"/> | <input type="checkbox"/> |
| Made me feel valued | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Questions:

| | | |
|---|------------------------------|-----------------------------|
| Was your waiting time reasonable? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you feel the fees were reasonable? | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you understand all our fees? | <input type="checkbox"/> | <input type="checkbox"/> |

If you marked "No" please explain

**Will you recommend us to others?
Why or why not?**

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

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

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

Name:

Email:

Phone: