

Tell CROSSROADS ANIMAL HOSPITAL what you think!

WE CARE about you and your pets, and we strive to provide you with excellent veterinary service in a modern, clean, and caring environment. You can help us reach and maintain this level of service by sharing your veterinary needs and expectations. By completing this questionnaire, you will be part of our staff meetings and be assured that your comments will be discussed and acted upon. Thank you for your time and your thoughts.

How did you choose our office?

A friend or relative recommended the practice ___
 I drove by ___
 I saw the practice in the Yellow Pages ___
 Other _____

The parking lot/grounds are:

Clean ___ Yes No ___
 Large enough ___

The reception area is:

Comfortable ___
 Neat and clean ___
 Odor-free ___
 Child-friendly ___

Yes No

The office hours are convenient:

 If you marked "No," please specify times that would be more convenient for you to visit: _____

The receptionist(s):

Greeted me ___ Yes No ___
 Seemed warm and cheerful ___
 Gave me undivided attention ___
 Seemed hospitable ___
 Answered all my questions ___

When I telephoned:

My call was answered promptly ___ Yes No ___
 I easily made a convenient appointment ___
 I was placed on hold appropriately ___
 I did not phone ___

Was the staff member on the phone:

Friendly and attentive ___ Yes No ___
 Courteous ___
 Informative ___
 I did not phone ___

The technician:

Greeted me with warmth ___ Yes No ___
 Was gentle with my pet ___
 Seemed proficient and knowledgeable ___
 Gave me the information I needed ___

Name (optional): _____

Date: _____

The veterinarian:

Introduced himself ___ Yes No ___
 Washed his hands before examining my pet ___
 Listened to what I said ___
 Described, diagnosed, and treated well ___
 Answered all of my questions ___
 Seemed interested in what I had to say ___
 Gave clear advice about how to treat my pet ___

The veterinarian was:

Professional in manner and appearance ___ Yes No ___
 Good at comforting me and my pet ___
 Able to make me feel like a friend ___

Was your waiting time reasonable? Yes No

Did you understand our fees? Yes No

If you marked "No", please explain here: _____

Do you feel the fees were reasonable?

If you marked "No," please explain here: Yes No ___

Why did you choose this hospital?

Have you recommended us to others?

Why or why not? Yes No ___

What is one thing we can do to make your next visit better?

