## CLIENT SURVEY

## ANIMAL MEDICAL CENTER OF STREETSBORO

9094 State Route 14 | Streetsboro, OH 44241 | 330.626.4935

In an effort to continually increase the quality and care this clinic provides, please help us by completing this brief survey so that we can learn how to improve. This is an online fill-in form. Please complete, print and return at your earliest convenience.

Was the Reception Staff:		
Prompt in greeting you?	Yes	No
Polite and helpful?	Yes	No
Neat in appearance?	Yes	No
Well informed?	Yes	No
Pleasant on the phone?	Yes	No
Please comment:		

Yes	No
Yes	No
Yes	No
	Yes

			care of your pet?
			Explain what they
rvice:			Please comment:
get a busy signal?	Yes	No	
hold too often?	Yes	No	
hold too long?	Yes	No	
nt:			

Did	the \	/ete	rinari	an an	d Sta	ff:
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Appear friendly and courteous?	Yes	No
Act in a professional manner?	Yes	No
Take time to answer questions?	Yes	No
Seem interested in your pet?	Yes	No
Seem interested in your problem?	Yes	No
Handle financial matters well?	Yes	No
Were you totally satisfied with our care of your pet?	Yes	No
Were you given handouts to help explain care of your pet?	Yes	No
Explain what they did for you?	Yes	No
Please comment:		

Would you recommend us to others? Please comment:

No

Yes

Was the Clinic:		
Clean and neat in appearance?	Yes	No
Fresh smelling?	Yes	No
Waiting time acceptable?	Yes	No
Parking lot adequate and clean?	Yes	No
Seating adequate?	Yes	No
Examination room clean?	Yes	No
Up to your expectations?	Yes	No
Please comment:		

Why did you choose our pet hospital?	
A friend's referral	Our location
Other	

Please comment:

How long have you been using our services?

Do you have suggestions that would help our service to you and others? Please be honest in your reply, as we can only consider changing those things that are brought to our attention. Please comment:

Thank you for taking the time and effort to answer our questions. Your help and comments are appreciated and will help us in making changes to improve our service to you.