

CLIENT SURVEY

Name: _____

When you came to the hospital, were you greeted in a friendly and timely manner? Yes or No

For pet safety, we require all animals be on a leash or in a carrier. If you didn't have one, were you offered a leash or carrier? Yes or No

Did the hospital smell fresh and clean? Yes or No

Was the waiting area neat and clean? Yes or No

When the technician came to get you, were you greeted in a professional manner? Yes or No

In the exam room, was the technician professional and answered your questions? Yes or No

How was your wait time in the exam room to see the doctor? Too long or Just right

When leaving the exam room, did _____ explain your prescriptions, supplies, and the need for a follow-up appointment? Yes or No

At discharge, did _____

Ask if you got your prescriptions or supplies? Yes or No

Ask if you needed a follow-up appointment? Yes or No

After your visit, when calling the hospital, were your phone calls returned in a timely manner?
Yes or No

Were your needs/expectations met? Yes or No

Would you come back to the hospital? Yes or No

Would you recommend us to a friend? Yes or No

Your comments are greatly appreciated!

Thank you for your time.