

Client Satisfaction Survey

The VCC wants to thank you for entrusting us with your pet's care. We strive to provide excellence in specialized oncologic care, as well as outstanding customer service, during your pet's treatment process. We would appreciate you taking the time to complete this survey, and for sharing your comments with us, so that we may improve our service even more. It is not necessary to provide your name or your pet's name, unless you would like to be contacted.

IMPORTANCE TO YOU:

HOW WE DID:

Very Important	Important	Not Important		Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	My appointment began as scheduled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The veterinarian provided needed information in a supportive and nurturing environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hospital staff provided needed support in an open, informative and nurturing environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The veterinarian displayed compassion for my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hospital support staff displayed compassion for my pet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The veterinarian listened closely to what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The veterinarian explained the disease process and treatments clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	The facility was comfortable, clean, and odor free.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	I was presented with an accurate estimate for the services offered.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which Doctor did you see? Dr. Post Dr. Linderman Dr. Smith Dr. Olmsted Dr. McDaniel

Client Satisfaction Survey-continued

1. Would you tell a friend or relative about the The Veterinary Cancer Center? Yes No

If no, why _____

2. Were you satisfied with the value of services received? _____

3. What was one thing we did that you would like us to keep doing? _____

4. Do our hours of operation meet all of your needs as a client? Yes No

If not, would you prefer: Early Mornings Evenings Weekends

5. If we offered the following services, would you utilize them for your pet?

Nutritionist Acupuncturist Other _____

6. Please share any thoughts or ideas you may have to make your experience here better. _____

7. If you have any questions, specific concerns, or additional comments you would like us to address,
please indicate your name and contact information:

Name _____

Phone(s) _____ Email _____

Comments _____