

Dear Client

On behalf of the small animal practice, I would be very grateful if you would take a few minutes to complete this short questionnaire about the practice and the services that we provide. The information you give is important to us as it will help us to continue to provide the best service we can for you and your pets. **To be entered in to the monthly prize draw for a bottle of bubbly, please enter your surname and telephone number in the required spaces below.**

Many Thanks

Shelley
Practice Manager

Your Surname:

Contact Telephone Number:

CLIENT SATISFACTION SURVEY

1. How long have you been a client of this practice?
(Please tick one box only)

- Less than 6 months
- Between 6 months to 4 years
- Between 4 to 8 years
- More than 8 years

2. Why did you choose to register your pet(s) with us?
(Please tick all that apply)

- Good reputation/personal recommendation
- Location
- Easy parking
- Pricing of fees/services
- Other

(If other, please provide details below)

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**3. Which of the following species, do you currently have registered with the practice?
(Please tick all that apply)**

- Dog
 - Cat
 - Rabbit
 - Bird
 - Reptile (inc. snake & tortoise)
 - Other
- (if other, please provide details below)
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**4. From the following list select the things you like about our practice:
(Please tick all that apply)**

- Friendly and approachable staff
 - Easy to make appointments
 - Able to see the same vet at each visit
 - Consultation times
 - Reasonable Pricing of fees/services
 - Modern facilities
 - Ample car parking
 - Interaction with the veterinary students
 - Other
- (If other, please provide details below)
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**5. From the following list select the areas where we can improve our service to you:
(Please tick all that apply)**

- Waiting time before appointment
 - Time spent at the reception desk after your appointment
 - Time spent in the consultation room, waiting for the veterinary surgeon
 - Prices of fee/services
 - Consultation times
 - Availability of appointments
 - Other
- (If other, please provide details below)
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6. How satisfied are you with the level of service that you received on your most recent visit with us?
(Place a tick besides the answer that most closely fits your opinion)

Disappointed OK Satisfied Very Pleased

7. In your opinion how convenient are the practice's current consultation times: 9-12.30pm and 4-6pm Monday-Friday and 9-12pm on Saturdays?
(Please place a tick besides the answer that most closely fits your opinion)

Very inconvenient Acceptable Satisfied Very Suitable

8. We are reviewing our consultation times at present and wish to know your preferences on the options below:

		Most Convenient	OK	Not convenient
8.30am - 1.00pm	Monday to Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.00pm - 4.00pm	Monday to Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.00pm - 6.00pm	Monday to Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.00pm - 7.00pm	Thursdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.00am - 12.00pm	Saturdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you used our website in the last 6 months?

Yes No

If yes, did you find the information useful?

Yes No

What other information could we provide that would be helpful to you?

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10. Finally, do you have any suggestions or comments on how we can improve the practice and the services that we currently provide?

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Please give your completed questionnaire to our reception staff.

Once again, thank-you for taking the time to complete this survey, if you have any questions regarding the information in this questionnaire please contact Shelley Monks, Practice Manager Tel: 01934 852422.