



## Evaluation Form

---

Dear Customer,

We are always striving to ensure great service here at 305 Animal Hospital. Please take a moment to fill out the following form to let us know what you thought of your experience with 305 Animal Hospital. We appreciate any comments and suggestions you think could improve the services we provide.

1) Was this your first visit to our office or have you been here before?

First Visit       Established Client

If you answered "First Visit", how did you hear about us?

---

**Please rate (circle) the following questions on a scale from 1-5.  
1=Poor, 2=Fair, 3=Okay, 4=Good, 5=Great**

2) Ease of setting your appointment.

1                      2                      3                      4                      5

3) Greeting by our receptionist when you arrived.

1                      2                      3                      4                      5

4) Cleanliness/neatness of the waiting room.

1                      2                      3                      4                      5

5) Length of time you had to wait before you were called for your appointment.

1                      2                      3                      4                      5

6) Friendliness of our office staff.

1                      2                      3                      4                      5

7) Friendliness and understanding of our veterinarian.

1                      2                      3                      4                      5

8) The degree to which your concerns were addressed by either the technician or the veterinarian.

1                      2                      3                      4                      5

9) The ease of checking out and paying after the appointment

1                      2                      3                      4                      5



10) Please let us know any issues or concerns you may have about our services or office practices and procedures, or any comments you would like to make.

---

---

---

---

---

11) How likely is it that you would recommend our veterinary clinic to your family members, co-workers, and friends?

1                      2                      3                      4                      5

If you would like to provide us with your contact information, please do so below.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

We appreciate your feedback!

Thank You,

*305 Animal Hospital*