Veterinary Client Satisfaction Survey

How to fill this in

Thank you for trusting us with your pet. Please share your honest feedback so we can keep improving. Fill the checkboxes completely using a blue or black pen.

Your pet's name and species

YOUR VISIT

Please rate your agreement with the following statements.

Please cross one in each line

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The vet explained my pet's condition clearly	◯	◯	◯	◯	◯
My pet was handled with care and compassion	◯	◯	◯	◯	◯
I understood the treatment options and costs	◯	◯	◯	◯	◯
The clinic was clean and welcoming	◯	◯	◯	◯	◯
Booking and waiting times were reasonable	◯	◯	◯	◯	◯
The team followed up as promised	◯	◯	◯	◯	◯

OVERALL

How likely are you to recommend our clinic?

Not likely ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ Very likely

Reason for your visit *(Please cross one)*

- ◯ Routine check-up or vaccination
- ◯ Illness or injury
- ◯ Surgery or procedure
- ◯ Other

How could we care for you and your pet better?

To respond ⊗ or ●

DRFT 0001

Thank you for your feedback. Please return this form to the front desk.

To respond ⊗ *or* ●

DRFT 0002