

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

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

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

OVERALL

How likely are you to recommend our clinic?

Not likely ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Very likely

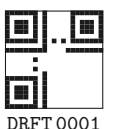
Reason for your visit

(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 ☐

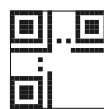


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Thank you for your feedback. Please return this form to the front desk.

PREVIEW

To respond ☐ or ☐



DRFT 0002