

SOUTH BAY VETERINARY HOSPITAL QUESTIONNAIRE

We at South Bay Veterinary Hospital, wish to provide our clients with quality service. Please take a moment and complete our questionnaire. Please bring it with you to our office, mail it to us, or send it by fax.

**1038 Broadway
Chula Vista, CA 91911
Phone: (619) 422-6186
Fax: (619) 422-3193**

Please rate with 10 being the best, 5 being O.K. and 0 being dissatisfied.

- | | |
|--|----------------------|
| Was the staff member professional in manner and appearance | 1 2 3 4 5 6 7 8 9 10 |
| He/she listened actively to my questions or concerns | 1 2 3 4 5 6 7 8 9 10 |
| Did the Doctor do a complete hands on exam on my pet | 1 2 3 4 5 6 7 8 9 10 |
| Did the Doctor describe the diagnosis and treatment well | 1 2 3 4 5 6 7 8 9 10 |
| How would you rate your wait time | 1 2 3 4 5 6 7 8 9 10 |
| Was he/she able to make me feel like a friend | 1 2 3 4 5 6 7 8 9 10 |
| Would you recommend our hospital to others | 1 2 3 4 5 6 7 8 9 10 |

Our staff (choose one):

- 1. Did not meet my expectations ()
- 2. Met my expectations ()
- 3. Exceeded my expectations ()

Did you understand the treatment plan? Yes () No ()

Do you feel the fees were fair? Yes () No ()

What one thing could we do to give you the best veterinary experience possible?

Thank you for your suggestions and comments