

**From:** [manager@calprosurveys.com](mailto:manager@calprosurveys.com)  
**Sent:** Monday, May 25, 2009 11:10 PM  
**Subject:** Specialty Survey Response

Survey Response: Client Survey  
Response GUID: 149793bf-2ed1-4d87-815e-d13ad5504027  
Started: 5/25/2009 11:03:45 PM  
Completed: 5/25/2009 11:10:30 PM

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1) How satisfied were you?

Using the following scale, please rate your level of satisfaction with your most recent visit:

1. Poor
2. Fair
3. Good
4. Very Good
5. Great
6. Not Applicable (n/a)

	Satisfaction
Level of professionalism on the phone	4
Ability to get an appointment with the desired doctor/service	Great 5
Appearance and cleanliness of the facility	Great 5
Speed and convenience at check-in	3
Punctuality in meeting scheduled appointments	Great 5
Friendliness and courtesy of the receptionist	Great 5
Friendliness and courtesy of the technician	Great 5
Friendliness and courtesy of the doctor	Great 5
Appearance and professionalism of the healthcare team	Great 5
Staff's ability to answer questions and explain things clearly	Great 5
Doctor's ability to answer questions and explain things clearly	Great 5
Healthcare team treated you and your pet with compassion, respect, and care	Great 5
Speed and convenience at check-out	3
Value received for the price paid	4

2) What is the main reason for selecting this facility for your specialty needs?

Recommendation by primary-care veterinarian

3) How likely is it that you would recommend this clinic to a friend?

**Please use the following scale:**

**0 = Definitely would NOT recommend**

**10 = Definitely would recommend**

9

4) How likely is it that you would recommend this clinic to your primary-care veterinarian for referring

other pets in need?

**Please use the following scale:**

**0 = Definitely would NOT recommend**

**10 = Definitely would recommend**

9

5) Do you plan to continue bringing your pet(s) to {clinic name} if needed?

Yes

6) Would you consider bringing your pet(s) to {clinic name} for one of our other specialty/emergency services, if needed?

Yes

7) Which specialty services did your pet receive during your most recent visit?

(Please check all that apply.)

Dermatology

8) Were you requested to book a follow-up progress/recheck visit at this facility?

Yes

9) What is the status of your follow-up progress/recheck visit at this facility?

Scheduled

10) Approximately how many times in the past year did you use the services of {clinic name} specifically for specialty pet care (including this visit, but excluding purchases of food and medication refills)?

a. 1-3

11) Which doctor(s) did you see during your most recent visit?

Dr. Smith

12) Which technician(s) assisted you during your most recent visit?

Stephanie

13) Which receptionist(s) assisted you during your most recent visit?

Carol

14) Were any needed medical records provided by your primary-care veterinarian in time for your visit?

No

15) Who did we see during your most recent visit?

(Please check all that apply.)

My Dog

16) What are three things this clinic can do to better serve you?

The check-in and check-out process really needs to be updated. When we moved from across state our vet's check-in and check-out was much better. I love you guys and everyone is great. I just feel like my time is being wasted with these silly billing issues that we did not have to deal with at our last vet before we moved here. That's all. Thanks for asking!

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17) First name:

Sally

18) Last name:

Jones

19) Address:

123 Main St

20) City:

Anytown

21) State:

CA

22) Zip:

95765

23) Who is your Primary Care Veterinarian (Name, Hospital, and City)?

Dr. Smith, Vet Care, CA

24) What is your e-mail address?

We hate Spam as much as you do (unsolicited commercial e-mail). Your e-mail address will not be given out. It's that simple.

[sally@jones.com](mailto:sally@jones.com)

25) Would you like to receive an occasional e-mail or mailing from this clinic?

(Helpful information, clinic newsletter, service reminders for your pet, etc.)

Yes