



CUSTOMER SERVICE SURVEY

Broadway Veterinary Hospital values your opinion and thoughts. We strive to provide both you and your pets with quality care and compassion. In order to do this we would like to enlist your help. The information you provide will help us improve our services to both you and your "other family member". Please feel free to include names of persons involved in your pet's care. We appreciate your time and your thoughts! Your responses are confidential, and will only be reviewed by our office manager and practice owner.

1=Disagree 3=Neutral 5=Agree

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|---|---|---|---|---|---|
| The receptionist was friendly and helpful when I telephoned. | 1 | 2 | 3 | 4 | 5 |
| The receptionists were hospitable and attentive when I arrived. | 1 | 2 | 3 | 4 | 5 |
| I was treated with professionalism and courtesy. | 1 | 2 | 3 | 4 | 5 |
| The hospital was clean and odor free. | 1 | 2 | 3 | 4 | 5 |
| My appointment was seen on time. | 1 | 2 | 3 | 4 | 5 |
| The doctor explained things in terms I could understand. | 1 | 2 | 3 | 4 | 5 |
| My pet received high quality veterinary care. | 1 | 2 | 3 | 4 | 5 |
| My discharge instructions were explained clearly. | 1 | 2 | 3 | 4 | 5 |
| My questions and concerns were addressed. | 1 | 2 | 3 | 4 | 5 |
| I would recommend Broadway Veterinary Hospital to friends. | 1 | 2 | 3 | 4 | 5 |

How were you referred to our office? _____

Any suggestions that would improve our services to you or your pet would be greatly appreciated.

Client Name _____ Phone _____

Email Address _____

For your participation, once survey is returned (Mail: 2019 South Broadway, Sulphur Springs, TX 75482, Fax (903)885-7965 or email @ info@broadwayveterinaryhospital.com) you will receive a \$5.00 off coupon to be used for your next visit.