

Family Member Veterinary Hospital

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Client Feedback Form

- At *Family Member Veterinary Hospital* we measure our success by our client's satisfaction.
- Continued improvement in the services we provide requires feed back from our valued clients.
- Please help us by providing us with your honest feedback to the following questions.
- If you choose to complete the questionnaire and provide your name you will receive a \$25 credit towards your next visit with us as our way of saying thanks. (limit one credit per client family please).
- The questionnaire can be submitted anonymously as well.
- We are happy to receive your feedback either by e-mail, fax or mail.
- Thank you for your time, we appreciate serving you.

Please tell us how you came to select us to care for your pet (check one)

☐ Yellow Pages ☐ Referral
☐ Location ☐ Web Site
☐ New homeowner magnet postcard ☐ Internet Search
☐ Other _____

Please Circle a rating for each line that applies, otherwise leave blank. Places are provided for more detailed feedback, which we welcome.

Please rate your experience with our staff ...

	excellent				poor
• when you called to make your appointment	5	4	3	2	1
• when you were greeted for your appointment	5	4	3	2	1
• during your consultation with Drs. Glover/Link	5	4	3	2	1
• when you called for updates on your hospitalized pet	5	4	3	2	1
• when your pet was discharged	5	4	3	2	1
• when you were contacted with test results	5	4	3	2	1
• How would you rate our overall professionalism?	5	4	3	2	1

Additional comments: _____

Please rate our facility ...

	excellent				poor
• how important was the physical location of our facility?	5	4	3	2	1
• Rate the comfort of our facility during your visit	5	4	3	2	1
• Rate the cleanliness of our facility during your visit	5	4	3	2	1

Additional comments: _____

Please rate our service ...

	excellent			poor	
• Rate our attitude in caring for you and your pet	5	4	3	2	1
• Rate your experience with us for medical care	5	4	3	2	1
• Rate your experience with us for boarding	5	4	3	2	1
• Rate our service hours	5	4	3	2	1
• How would you rate our overall service?	5	4	3	2	1

Are there services that we are not currently providing? _____

Additional comments: _____

Please rate our communication ...

	excellent			poor	
• Rate our ability to explain options for your pet's care	5	4	3	2	1
• Rate our ability to explain the costs for your pet's care	5	4	3	2	1
• Rate the frequency of our communication with you during your pet's stay with us	5	4	3	2	1

Additional comments: _____

Please rate the effectiveness of our marketing tools ...

	excellent			poor	
• Appeal of the hospital logo and graphics on all materials	5	4	3	2	1
• Content of new homeowner magnet postcards	5	4	3	2	1
• Content of web site	5	4	3	2	1
• Content of yellow pages ads	5	4	3	2	1
• Content of referral and business cards	5	4	3	2	1

Please tell us what most impacted your decision to contact us in these materials or what was missing that would have been helpful _____

Please tell us what you liked best about your experience with Family Member Veterinary Hospital? _____

Name (optional) _____ Date: _____

_____ Check here if you would be willing to share your experience in writing in a testimonial section on our web site. We will contact you with further details.