

PARKWAY VETERINARY HOSPITAL  
1101 E. JOHN SIMS PARKWAY  
NICEVILLE, FL 32578

Dear Client: \_\_\_\_\_

Date: \_\_\_\_\_

We at Parkway Veterinary Hospital wish to welcome you as our client. Our main concern is the welfare of your pet and your satisfaction with our service. Any questions you have will be welcomed. We are open Monday through Friday from 7:30 a.m. until 6:00 p.m. As we say in our brochure, our goal is to combine the science of veterinary medicine with the art of caring. One without the other is simply inadequate. We encourage you to communicate your pet's needs and progress to us so that together we can maintain his or her health and prevent disease.

We hope this is the beginning of a long and valued friendship. We promise to do all that we can to merit your continued interest and confidence. We are looking forward to serving you in the future.

Please take a moment to fill out the following questionnaire. Comments from our valued clients are essential for maintaining our high standard of service. Again, thank you for allowing us to assist you in caring for your pet and we look forward to reading your comments.

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|--|-----------|----------|
| 1. Are you treated politely whenever you call our office?  | Yes _____ | No _____ |
| 2. Did the person answering the phone tell you their name?   | Yes _____ | No _____ |
| 3. If you were on hold, was our messaging interesting and informative?   | Yes _____ | No _____ |
| 4. After arriving, were you treated politely by our staff?   | Yes _____ | No _____ |
| 5. Is our office location convenient for you?  | Yes _____ | No _____ |
| 6. Are our office hours convenient for you?  | Yes _____ | No _____ |
| 7. After you arrived, how long did you wait to see the Doctor? Circle one: 5 10 15 20 25 30  |           |          |
| 8. Did the Doctor spend enough time with you?  | Yes _____ | No _____ |
| 9. Were you pet's exam, illness or treatment explained well?   | Yes _____ | No _____ |
| 10. Was your pet's nutrition and care discussed?   | Yes _____ | No _____ |
| 11. Were all you questions answered to your satisfaction?  | Yes _____ | No _____ |
| 12. Did we seem interested in you as a person?   | Yes _____ | No _____ |
| 13. Did you leave knowing more about how to provide better care for your pet than when you arrived?  | Yes _____ | No _____ |
| 14. Will you recommend our hospital to your friends?   | Yes _____ | No _____ |
| 15. On a scale of 1 – 5 with one = poor and five = excellent, how would you rate your overall visit today?<br>1      2      3      4      5      Please circle the one that applies. |           |          |

Comments:

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Sincerely,

Parkway Veterinary Hospital