

Client Satisfaction Survey

General Experience:

- 1. How did you hear about us?
 - a. Returning client
 - b. Advertising (radio, newspaper, flyers, FaceBook)
 - c. Website
 - d. Friend/Family Referral
 - e. Other
- 2. Our hours were convenient.
 - a. Yes
 - b. No
- 3. Our team was friendly and efficient.
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
- 4. The waiting time was appropriate & acceptable,
 - a. Strongly Agree
 - b. Agree
 - c. Neutral
 - d. Disagree
 - e. Strongly Disagree
- 5. Do you feel well informed about the services and products we offer (e.g. vaccines, treatments, behavior, etc.)?
 - a. Yes
 - b. No



Phone Experience:

6.	My call	was	answered	promptly.	
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- a. Yes
- b. No
- 7. It was easy to make an appointment.
 - a. Yes
 - b. No
- 8. The person I spoke with was friendly, courteous and informative.
 - a. Yes
 - b. No
- 9. The hold time was acceptable.
 - a. Yes
 - b. No
- 10. Please explain any negative experience that you may have had.

Customer Service Experience:

- 11. My pet and I were greeted in a timely manner.
 - a. Yes
 - b. No
- 12. Our team was warm and cheerful.
 - a. Yes
 - b. No
- 13. I was given answers to my questions, or directed to the appropriate party.
 - a. Yes
 - b. No
- 14. Our teams' appearance was professional.
 - a. Yes
 - b. No
- 15. Please explain any negative experience that you may have had.



Clinic Experience:

- 16. The facility was comfortable.
 - a. Yes
 - b. No
- 17. The facility was neat and clean.
 - a. Yes
 - b. No
- 18. Retail displays are well organized.
 - a. Yes
 - b. No

Website Experience:

- 19. I have visited the website
 - a. Yes
 - b. No
- 20. I found the website to be helpful and resourceful
 - a. Yes
 - b. No
- 21. The website layout was easy to navigate
 - a. Yes
 - b. No
- 22. Please leave any comments or suggestions

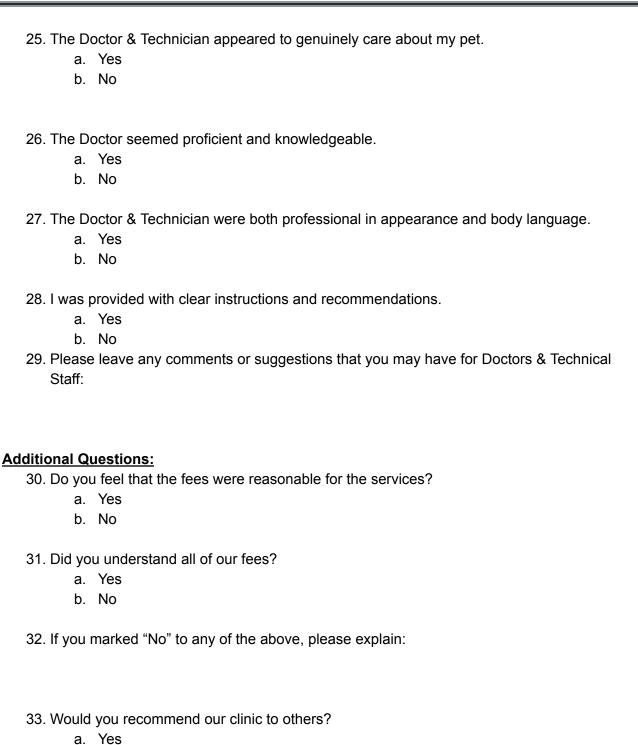
Experience with our Doctors and Technical Staff:

- 23. The Doctor & Technician introduced themselves.
 - a. Yes
 - b. No
- 24. I felt like my concerns were heard.
 - a. Yes
 - b. No



b. No

34. Why would you or would you not recommend our clinic?





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- 35. What other suggestions do you have for improving the office, staff, or procedures?
- 36. If you would like us to contact you, please fill in your name and contact information.

Please email or mail us this filled out survey (ATTN: MGMT) so that we can use your feedback to know what we are doing well, and what we can improve! Thank you so much for helping us to help improve YOUR experience!

ButteVetCenter@gmail.com

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