



**Compassion \* Knowledge \* Respect \* Teamwork \* Trust**

**Client Satisfaction Survey**

Your experience at Walton County Animal Clinic is important to us. We would appreciate your help evaluating our services. Thank you in advance for your time and feedback.

**Date of your visit:** \_\_\_\_\_

**How do you grade our team in the following areas?**

	<b>1-Low</b>			<b>5-High</b>	
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Compassion					
Professionalism					
Communication					
Clearly answering your questions					
Making you feel at ease and comfortable					
Efficiency and timeliness					
Quality of care					
Physical handling of your pet					
Overall satisfaction with our services					
Likelihood to recommend our services					
	<b>Yes</b>			<b>No</b>	
Did the staff help you understand your pet's diagnosis/prognosis?					
If there was telephone contact, was the person who answered the call polite and helpful?					

**Comments:**

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