



Petmobile Pet Hospital
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 Garland, TX 75043
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VACCINATION CLINIC CLIENT SURVEY

Thank you for the opportunity to serve you and your pet. To help us better meet your needs, please complete this survey and return it to the receptionist, or mail or fax it to our hospital.

	Strongly agree	Somewhat agree	No opinion	Somewhat disagree	Strongly disagree
1. When I called, my call was answered promptly, courteously, and helpfully.					
2. When I arrived, the staff was friendly and helpful.					
3. The outside area was clean.					
4. My wait in line seemed reasonable.					
5. The veterinary technician was helpful and careful with my pet.					
6. I received a puppy or kitten pack.					
7. My pet received a bandanna and a treat.					
8. My child/children received a free candy, toy, and book.					
9. I feel my pet is getting high-quality veterinary care.					
10. Staff members have a thorough knowledge of the products and services offered.					
11. I feel the fees for your medical services are reasonable.					
12. The staff explained the services and charges before presenting the bill.					
13. I would recommend your veterinary service to my friends and neighbors.					
14. I was satisfied with the treatment my pet received.					

18. Did a staff member or doctor talk with you about:
- | | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| Flea and tick prevention? | <input type="checkbox"/> | <input type="checkbox"/> |
| Heartworm prevention and testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| Appropriate vaccines for your pet? | <input type="checkbox"/> | <input type="checkbox"/> |
| Intestinal deworming? | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Care? | <input type="checkbox"/> | <input type="checkbox"/> |
| Microchipping? | <input type="checkbox"/> | <input type="checkbox"/> |
| Toe nail trims? | <input type="checkbox"/> | <input type="checkbox"/> |
| Minor Exams? | <input type="checkbox"/> | <input type="checkbox"/> |
| Coupon Savings? | <input type="checkbox"/> | <input type="checkbox"/> |

19. How did you hear about us? Drive By Referral Walk-in Web Facebook

20. What can we do to improve our service to you and your pet? _____

Your name (optional) _____ Pet's name (optional) _____
 Date _____ Date of visit _____