



**Solomons Veterinary
Medical Center**
P.O. Box 887
Solomons Md 20688
410-326-4300

Client Survey

Please take a moment to help us improve your experience at **Solomons Veterinary Medical Center.**

How Were You Referred To Our Office?

- Friend _____
- Neighbor _____
- Drove By
- Yellow Pages
- Other _____

Our Parking Lot/Grounds:

- Adequate parking
- Inadequate parking
- Clean
- Littered or unkempt
- Other _____

Our receptionist(s):

- Stood and Greeted You
- Were warm and cheerful
- Were cold or unfriendly
- Gave their undivided attention
- Seemed indifferent
- Were Hospitable

Your phone conversation was:

- Courteous
- Hurried
- Impolite
- Informative
- Preoccupied
- I did not phone

The Veterinarian:

- Washed his/her hands before examining my pet
- Introduced him/herself with a warm greeting
- Listened well to my pet's present symptoms
- Did not seem interested in what I had to say
- Seemed in a hurry
- Described the diagnosis and treatment well
- Left me confused about how to treat my pet

Our Waiting Room Was:

- Comfortable
- Neat and Clean
- Uncomfortable
- Disorderly
- Odor-Free
- Needed Odor Control
- Child Friendly

Our Office Hours Are:

- Convenient
- Restrictive
- Should be open more
- I would use later hours (please specify) _____

When You Telephoned:

- Your call was answered promptly
- There was a long wait for someone to answer
- You had trouble getting through
- You were placed on hold too long

Our Technician:

- Greeted you warmly
- Was gentle with your pet
- Seemed Proficient
- Was knowledgeable
- Was a poor communicator

The Veterinarian was:

- Professional in manner and appearance
- Acceptable in manner and appearance
- Interior in manner and appearance
- Good at comforting me and my pet
- Able to make me feel like a friend
- Insensitive in his/her use of people skills



Was your waiting time reasonable?

Yes _____
No _____

Did you understand our fees?

Yes _____
No _____

Did you feel the fees were reasonable?

Yes _____
No _____

If you checked "no" to any of these please discuss below:

Why did you choose this hospital?

Have you recommended us to others? If you do you get a \$10 discount referral applied to your account, unlimited.

Yes _____ No _____

If so why? (If not, why not?)

If you were our practice manager, what suggestion would you have for improving the office, staff or procedures?

About You (optional)

Name _____ E-mail _____

Address _____ Phone _____

City, State, ZIP _____

Code _____

Thank you for your participation!

