



# Wholistic Paws Veterinary Services, LLC

Acupuncture, Rehabilitation, Hospice, and Euthanasia services in the comfort and dignity of your home.

## Client Satisfaction Survey:

Thank you for giving us the opportunity to serve you! We can only grow through your feedback. Please help us to better meet your needs by taking a moment to complete this questionnaire. Once you are finished, simply e-mail it as an attachment to:

[wecare@wholisticpawsvet.com](mailto:wecare@wholisticpawsvet.com)

1. Was your call answered promptly?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
2. Did you have to leave a message?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
3. Did we return your phone call promptly?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
4. Was our telephone response courteous and helpful?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
5. Were the available appointment times convenient for you and your family?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
6. Was our staff professional, courteous, and genuinely concerned with your pet's welfare?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
7. Was our staff on time for your appointment?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
8. Did we communicate our arrival time to you if we were running late?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
9. Were the home care instructions for your pet helpful and easy to understand?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
10. If your pet was a hospice patient, do you feel that the initial intake visit was helpful in planning your pet's care?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_
11. If your pet was euthanized, were all of your questions and concerns addressed so you felt as prepared as possible for this final act of love?      Yes \_\_\_\_\_      No \_\_\_\_\_      N/A \_\_\_\_\_



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12. If your pet was euthanized, do you feel that you had an adequate amount of time to spend with your pet during the final moments? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
13. If your pet was euthanized and cremated, did you receive the cremains in a timely fashion? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
14. Were you offered adequate resources regarding grief management and support? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
15. Was our website helpful to you? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
16. Were our payment policies and options clear to you? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
17. Would you have preferred to pay by credit card? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_
18. Would you recommend our veterinary practice to your friends? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**Date service provided:** \_\_\_\_\_

**Your name (optional):** \_\_\_\_\_

**Your pet's name (optional):** \_\_\_\_\_

- If you answered “No” to any of the above questions, please write your thoughts about we might better improve our service:
  
  
  
  
  
  
  
  
  
  
- If there are any additional comments you would like to make, please include them here: