



## New Client Satisfaction Survey

At Rose Rock Veterinary Hospital, we value each client relationship. Because you are a new client, we want to make sure that we exceeded your expectations. **Will you please take a moment to complete and return this brief survey?**

1. What services did your pet receive during your first visit to Rose Rock Veterinary Hospital & Pet Resort?

- Exam & vaccines     Sick pet/emergency     Dentistry, surgery, or hospitalized procedure  
 Recheck exam     Boarding     Grooming

2. Were you able to schedule an appointment that fit your schedule?     Yes     No

3. Did the Customer Service Representative greet you in a helpful and friendly manner?     Yes     No

4. Was the veterinarian courteous and genuinely concerned with your pet's health?     Yes     No

5. Did the veterinarian explain your pet's health or illness clearly and completely?     Yes     No

6. If you had a wellness exam, did you receive a report card?     Yes     No

7. If your pet was hospitalized, did you receive adequate home-care instructions?     Yes     No

8. Did you receive a new client welcome folder?     Yes     No

9. Would you recommend Rose Rock Veterinary Hospital & Pet Resort to your friends?     Yes     No  
If no, could you please tell us why? \_\_\_\_\_

10. How would you rate the overall level of service at our hospital?  
 Very Satisfied     Somewhat Satisfied     Somewhat Dissatisfied     Very Dissatisfied

11. How did you select us? \_\_\_\_\_

12. When looking for business information, do you normally search on the Internet **OR** do you prefer to use a phonebook?  
\_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

13. How could we improve our hospital's service?  
\_\_\_\_\_  
\_\_\_\_\_

***Thank You for Your Feedback!***

If you would like us to contact you, please provide:

Name \_\_\_\_\_ Daytime phone (\_\_\_\_\_) \_\_\_\_\_

**Please mail or fax your survey to (405) 321-3364.**

**400 24<sup>th</sup> Avenue NW  
Norman, OK 73069  
(405) 321-3361  
www.rosrockvethospital.com**

**To be eligible for the prize of a 2-night boarding stay (excludes peak times), please complete the following:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Drawings are done quarterly**

From \_\_\_\_\_

\_\_\_\_\_

Rose Rock Veterinary Hospital & Pet Resort  
400 24<sup>th</sup> Avenue NW  
Norman, OK 73069

*Please seal with tape or staple. Thank you!*

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**Please Fold**

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**Please Fold**