

**CLIENT SURVEY**

Tri-County Veterinary Service, 7716 S. NC87, Graham, NC 27253

At Tri-County Veterinary Service, P.A. we work to provide outstanding service to you and exceptional care for your animal(s). Please help us evaluate how well we met your expectations during your most recent visit so we can improve our performance in the future. Please complete this survey and return it to our receptionist, mail (we'll provide the stamp), e-mail to: [survey@tricountyvet.com](mailto:survey@tricountyvet.com) or fax it (336)376-8150 to our hospital.

**CHECK ACCORDING TO YOUR EXPECTATIONS!**

	No opinion/ observation	Much worse	Somewhat worse	What I expected	Somewhat better	Much better
1. My call to Tri-County was answered promptly.						
2. My first contact was friendly and helpful.						
3. The facility was clean, comfortable and efficient.						
4. The veterinarian saw my animal without a long wait.						
5. The veterinary technician/assistant was helpful and careful with my animal.						
6. The doctor listened, helped & showed a genuine concern with my animal.						
7. The veterinarian explained my animal's condition clearly.						
8. My animal received high-quality care at Tri-County Veterinary						
9. Tri-County staff members are knowledgeable and communicate clearly.						
10. Tri-County's fees are reasonable.						
11. Medication pick up and checkout are smooth and hassle free.						
12. Follow up care and medication were clearly explained.						
13. Tri-County staff answered my questions clearly.						
14. I was satisfied with the treatment my animal received.						

**PLEASE CIRCLE ONE OF THE CHOICES BELOW OR FILL IN THE BLANK AFTER "OTHER".**

15. What type of animal did we see for you?

- |             |     |              |
|-------------|-----|--------------|
| Dog         | Cat | Horse        |
| Sheep/Goat  |     | Alpaca/Llama |
| Dairy Cow   |     | Beef Cow     |
| Other _____ |     |              |

16. Where did we see your animal(s)?

- |                        |                             |
|------------------------|-----------------------------|
| Tri-County appointment | Farm/House call appointment |
| Tri-County walk-in     | Farm/House call work-in     |
| Other _____            |                             |

17. During the visit we helped you with?

- |                                |             |                                |
|--------------------------------|-------------|--------------------------------|
| Wellness care (vaccines, etc.) | Surgery     | Illness or a medical condition |
| Reproduction                   | Performance | Geriatric care                 |
| Dental care                    | Other _____ |                                |

18. I would recommend Tri-County to my family and friends.

- |     |    |
|-----|----|
| Yes | No |
|-----|----|

19. What can we do to improve our service to you and your animals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_