

**Please drop off or mail this form to the Center at
568 Columbus Avenue, NY, NY 10024 or fax to us at 212-501-9614**



The Center for Avian & Exotic Medicine Client Survey

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client service and veterinary health care. By completing this questionnaire, you will be a part of our team meetings where your comments will be discussed and acted upon. Thank you for your time and effort.

Which Doctor did you see?

Dr. Simon Starkey []

Dr. Alix Wilson []

Dr. Rina Harun []

What kind of pet do you have?

Bird [] Small Mammal [] Reptile [] Amphibian [] Fish []

Reception

How helpful and courteous was the person who scheduled your appointment?

Excellent [] Good [] Average [] Below Average [] Poor []

Were you greeted in a friendly, professional manner?

Excellent [] Good [] Average [] Below Average [] Poor []

How would you rate your invoicing, payment, and check-out procedure?

Excellent [] Good [] Average [] Below Average [] Poor []

Veterinary Staff

Did the doctor perform a thorough examination of your pet and explain everything clearly?

Excellent [] Good [] Average [] Below Average [] Poor []

Was the doctor courteous and genuinely concerned with your pet's health?

Excellent [] Good [] Average [] Below Average [] Poor []

Did you feel confident that the doctor was providing your pet with best quality medical care?

Excellent [] Good [] Average [] Below Average [] Poor []

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Did the doctor address all of your concerns?

Excellent [] Good [] Average [] Below Average [] Poor []

Nursing Staff

How would you rate the nursing staff's ability to explain the doctor's recommendations or treatment plan?

Excellent [] Good [] Average [] Below Average [] Poor []

Was the nursing staff compassionate to your concerns?

Excellent [] Good [] Average [] Below Average [] Poor []

Was your pet handled in a professional manner?

Excellent [] Good [] Average [] Below Average [] Poor []

Was the nursing staff knowledgeable?

Excellent [] Good [] Average [] Below Average [] Poor []

Overall Services

How would you rate the appearance and cleanliness of the hospital?

Excellent [] Good [] Average [] Below Average [] Poor []

Was your appointment seen on time, or at least within a reasonable time frame?

Excellent [] Good [] Average [] Below Average [] Poor []

Do you feel the fees were fair and you received value for your money?

Excellent [] Good [] Average [] Below Average [] Poor []

How likely are you to recommend our veterinary practice to your friends?

Excellent [] Good [] Average [] Below Average [] Poor []

Please offer all comments you feel would help our practice:

(Optional) Name:

Pets name:

We thank you for your time!