Lake Area Animal Hospital

8762 SR 21 Melrose, FL 32666 352-475-2326

Client Survey

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional client service and Veterinary Health Care. We strive toward this excellence through continuing education, technical advances and compassionate care for all pets entrusted to us.

You can help us reach and maintain this level of service by sharing your veterinary needs and expectations. By completing this client survey, you will be a part of our team meetings and be assured that your comments will be discussed and acted upon.

Also, you will be entered into a drawing for a FREE dental.

Thank you for your time and effort.

(Please Note: Your privacy is 100% assured.)

Name (In order be entered into the FREE dental drawing):		
Phone Number: (or ()		
How Did You Choose our Hospital?	YES	NO
A friend or relative recommended the practice	🗆	
I drove by and saw your hospital sign	🗆	
I saw the practice in the Yellow Pages	🗆	
Found you through the Search Engines	🗆	
Other:		
Your Telephone Experience:	YES	NO
My call was answered promptly	🗆	
It was easy to make an appointment	🗆	
I was referred to the hospital website to get necessary forms ahead of time	□	
I was placed on hold too long	🗆	
I was offered to be called back if needed	□	
Your Impression of our Receptionist (Over the Phone):	YES	NO
Friendly and attentive	□	
Courteous	🗆	
Informative	🗆	

Your Impression of our Receptionist (In Person):	NO
Greeted me	
Aware of purpose of visit	
Seemed warm and cheerful	
Gave me undivided attention	
Seemed hospitable	
Answered all my questions	
Your Impression of our Reception Area: YES	S NO
Comfortable	
Neat & Clean	
Countertops free from clutter	
Retail displays are well organized	
Odor-free	
Child-friendly	
Your Impression of our Parking Lot/Grounds: YES	S NO
Clean	
I found a parking spot with ease	
Your Impression of our Hospital Website: YES	S NO
I visited the Hospital Website	
I found the website to be helpful & resourceful	
I printed out any necessary forms ahead of time from the Hospital Website	
Your Impression of Our Technicians: YES	NO
Greeted me with warmth	
Was gentle with my pet	
Seemed proficient and knowledgeable	
Gave me the information I needed	
Child-friendly	
Your Impression of our Veterinarians: YES	NO
Introduced himself/herself	
Listened to what I said & answered all my questions	
Gave clear advice about how to treat my pet	

Behaved professional in manner and appearance \Box	
Answered all my questions	
Comforted me and my pet	
Made me feel valued	
Name of Veterinarian that saw your pet	•••••
Additional Questions: YES	NO
Was your waiting time reasonable	
Do you feel the fees were reasonable $\hfill\Box$	
Did you understand all our fees	
Would you like for us to be open on Sunday	
What hours and days would you like for us to be available to you?	•••••
If you marked "NO" to any of the above questions please explain:	•••••
Will you recommend us to others? Why or Why not?	
What suggestions do you have for improving the office, staff or procedures?	
Please rate our service so we can serve you better:	••••••
\square Very Dissatisfied \square Dissatisfied \square Neutral \square Satisfied \square Very Satisfied	