



REFERRING VETERINARIAN SURVEY

Thank you for entrusting Cape Animal Referral and Emergency Center (CARE) with the care of your clients and patients health care. We encourage you to take the time to complete this survey. We value your opinion about your recent experience. Our goal is to constantly improve our facility and maintain a compassionate and professional environment.

Your client was recently seen by Dr. _____

Reason(s) for your client's visit to Cape Animal Referral and Emergency Center:

- Surgery
- Internal Medicine
- Emergency Medicine
- Cardiology
- Ophthalmology
- Exotics

Strongly Agree (5)

Agree (4)

Neutral (3)

Disagree (2)

Strongly Disagree (1)

Not Applicable (0)

- | | | |
|--------------------------------------------------------------------------------------------|-----|----|
| 1. My interaction with the receptionist on the telephone was helpful and friendly | Yes | No |
| 2. The veterinarians communicated effectively with me on the care of my patient | Yes | No |
| 3. The veterinarians/nurses were accessible to me for questions and updates | Yes | No |
| 4. The veterinarian kept me informed with medical updates | Yes | No |
| 5. The veterinarian sent me a discharge letter in a timely fashion | Yes | No |
| 6. The overall experience I had at Cape Animal Referral and Emergency Center was excellent | Yes | No |

Would you refer a client to Cape Animal Referral and Emergency Center again? Yes No

If you responded "No", please explain why:

What suggestions would you have for improving our hospital:

Other Comments:

Date of Visit:

Pet's Name (optional):

Name (optional):

Phone Number (optional):

The staff at Cape Animal Referral and Emergency Center (CARE) would like to thank you for taking the time to fill out this survey.

Please Return To:

PERSONAL AND CONFIDENTIAL

Attn: Hospital Director

79 Theophilus Smith Road

South Dennis, MA 02660