

HOW ARE WE DOING?

Please rate your experience at Animal Urgent Care

of South Orange County

Thank you!

Which doctor was working with your pet?					
The second secon	(Please mark the correct box)				
	Excellent	Good	Fair	Poor	N/A
1) CLEANLINESS					
Overall?					
Reception desk?					
Waiting area?					
Exam room?					
Bathroom?					
Outside the building?					
2) COURTESY					
Overall?					
On the phone?					
At the front desk?					
From the doctors?					
From the technicians?					
From the technicians:					
3) WAIT TIMES?					
On the phone?					
In the waiting area?					
In the exam room?					
During discharge?					
4) DID YOU UNDERSTAND					
					
What the treatment plan was?					
What the treatment plan was? Your estimate?					
The medications and how they were to be given?					
The medications and how they were to be given?					
5) GENERAL					
Were your calls returned in a timely manner?					
Were you kept updated on your bill?					
Were all your questions/concerns answered?					
Your impression of the overall medical care provided					
6) ANY ADDITIONAL COMMENTS: (Please use reve	rse side for mor	e comments	s if necessar	ry)	
Name (optional)					
Phone Number (optional)					