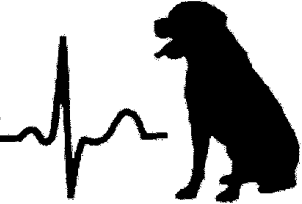


NOLAN RIVER

ANIMAL HOSPITAL, PLLC



Thank you for the opportunity to serve you and your pet. To help us better meet your needs, please take a moment to complete this survey and return it to the receptionist, or mail or fax it to our hospital.

	Strongly agree	Somewhat agree	No opinion	Somewhat disagree	Strongly disagree
1. When I made my appointment, my call was answered promptly and courteously.					
2. The receptionist was friendly and helpful.					
3. The waiting room was comfortable and clean.					
4. My wait to see the doctor was reasonable.					
5. The technician was helpful and careful with my pet.					
6. The doctor was courteous and genuinely concerned about my pet's health.					
7. The doctor explained my pet's problem completely and answered all my questions.					
8. Staff members have a thorough knowledge of the products and procedures your hospital provides.					
9. I feel the fees for your medical services are reasonable.					
10. After a hospital stay, my pet was returned clean.					
11. The payment policy was clearly communicated to me.					
12. I feel my pet is getting high quality veterinary care at your hospital.					
13. I would recommend your hospital to my family and friends.					

	Yes	No	NA
14. Did a staff member or doctor talk to you about:			
Flea and tick prevention?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heartworm prevention and testing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriate vaccines for your pet?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microchipping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior pet health care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. What can we do to improve our services to you and your pet? _____