Veterinary Clinic Staff Feedback Template

All questions are optional. Follow each question's directions.
Write your answers to the open questions in the space provided.

Think about your most recent visit to the named veterinary clinic. Every question is optional. Please leave out names, medical records and identifying details. Contact the clinic directly for care questions or urgent concerns.

1. Which part of the visit did you interact with?

- ☐ Scheduling
- ☐ Reception
- ☐ Veterinary technician
- ☐ Veterinarian
- ☐ Follow-up
- ☐ Other

2. How easy was it to arrange the appointment?

- ○ Very easy
- ○ Somewhat easy
- ○ Neither
- ○ Somewhat difficult
- ○ Very difficult
- ○ Not applicable

3. How welcomed did you feel on arrival?

- ○ Very
- ○ Somewhat
- ○ Neither
- ○ Not very
- ○ Not at all
- ○ Not applicable

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4. How clearly were next steps explained by the care team?

- ○ Very clearly
- ○ Somewhat clearly
- ○ Neither
- ○ Somewhat unclearly
- ○ Very unclearly
- ○ Not applicable

5. Did staff give you enough opportunity to ask questions?

- ○ Yes, fully
- ○ Somewhat
- ○ No
- ○ I had no questions
- ○ Prefer not to say

6. What part of the visit should the clinic improve first?

- ○ Scheduling
- ○ Wait
- ○ Communication
- ○ Follow-up
- ○ Accessibility
- ○ Nothing
- ○ Other

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7. What specific change would help on a future visit?