

**Folly Road Animal Hospital**  
**Clinic Evaluation**

**Client's Name:** \_\_\_\_\_ **Pet's Name:** \_\_\_\_\_

Please answer each question below. You can print and mail this form to the address on our homepage or email it as an attachment to Newsletter@follyroadanimalhospital.com

1. Were you able to find a parking space?
2. Were you greeted as soon as you entered the clinic?
3. Were you checked in for your appointment as soon as you arrived?
4. Was there a wait before you were put into an exam room? If so, how long?
5. What did you think about the cleanliness of the clinic?
6. Were we able to meet your medical needs for your pet?
7. Were you satisfied with your overall service?
8. Did we follow-up with you and your pet in a timely manner?
9. Do you have any suggestions to help us improve our clinic and service?
10. Are you aware that we are open 8am-8pm on Mondays and Fridays?
11. Are you aware that we are open some Saturdays?
12. Did you know that we have a boarding facility?
13. Were you aware that we offer a drop off service that allows you to leave your pet with us to receive a bath, vaccines, exams, surgeries, etc.?

**Additional Comments:**

Thank you for taking the time to complete this form.