

Client survey



Today's date _____

Which of the following services cared for your pet? Please check all that apply.

Emergency & Critical Care

Neurology & Neurosurgery

Internal Medicine

Surgery

How did you hear about us?

Internet/website

Referred by family veterinarian

Walk-in/drive-by

Nonprofit organization

Referred by emergency clinic

Other:

Advertisement/publication

Referred by previous client

What did you appreciate and value the most about your visit at our hospital?

What can we do to improve the experience for you and your pet?

While at BluePearl North Dallas, did you have contact with a veterinary social worker (VSW)?

Yes No

If so, did you find the support of the VSW helpful?

Yes No Please provide details after selecting your answer:

How likely on a scale of 1 to 10 (10 being best) would you be to recommend us to a friend? _____

Your name (optional) _____

Referring veterinarian (optional) _____

Please return to:

Shelley Martin, Veterinary Relations Representative

Mail: 2700 Lake Vista Dr., Lewisville, TX 75067

Email: shelley.martin@bluepearlvet.com

Fax: 972.820.7018

**Thank you for helping us
serve you better!**