
Paws of the Rockies

Staff Members



Lani Bower



Shea Daniels



Teresa Garcia



Jessica Hathcock



Noelle Lex



Jess Nunez



Melinda Stefko



Grace Valdivia

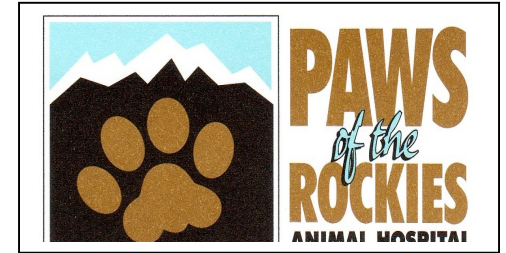
Please feel free to mention specific staff members that may have helped you during your call or visit with us.

Any feedback is helpful in our training process and continued learning.

Thank you for your honesty.

PAWS OF THE ROCKIES
1538 E. HARMONY RD C-2
FT COLLINS, CO 80525

Paws of the Rockies Animal Hospital
1538 E. Harmony Rd C-2
Ft Collins, CO 80525



Client Feedback

Debra Holmes, DVM
Mark Holmes, DVM
Brooke Freeman, DVM



We welcome your input.
970-226-0963

Thank you for taking the time to fill this out!

Date of visit _____ Time of visit _____

Your name (optional) _____

Your pet's name _____

1. Did you have any trouble finding us? Yes No

Comments _____

2. How quickly were you greeted by a staff member?

___ Immediately ___ < 1 min ___ 1-5 min

Comments: _____

3. Who was the Reception Staff member that helped you today? _____

4. How would you describe the Reception Staff member that helped you today? (check all that apply)

___ Prompt ___ Helpful ___ Courteous ___ Indifferent

___ Professional ___ Knowledgeable of products/policies

___ Rude ___ Not helpful ___ Not Professional

___ Unfriendly ___ Unfamiliar with products/policies

Other _____

5. Did the Reception Staff answer all of your questions clearly and to your satisfaction? Yes No

Comments: _____

6. Was the lobby clean and free of unpleasant smells?

Yes No Comments: _____

7. How would you rate the appearance of the facility and staff compared to other places you have been?



8. Who was the room technician that helped you today?

9. How would you describe the Room Technician that helped you today? (check all that apply)

___ Prompt ___ Helpful ___ Courteous ___ Indifferent

___ Professional ___ Knowledgeable of policies/prod.

___ Rude ___ Not helpful ___ Not Professional

___ Unfriendly ___ Unfamiliar with products/policies

Other _____

10. Did the Room Technician answer all of your questions clearly and to your satisfaction? Yes No

Comments: _____

11. Did the staff that you dealt with today seem competent and organized? Yes No

Other _____

12. Did the staff you dealt with today seem compassionate and friendly towards your pet?

Yes No

Other _____

13. Who was your Veterinarian today?

14. How long did you wait before you saw the Veterinarian today? ___ <10min ___ 11-15 min

___ 16-25 min ___ 26-30 min ___ > 30 min

Comments: _____



15. Did you feel the Veterinarian was careful and compassionate with your pet today? Yes No

Comments: _____

16. Did you feel the Veterinarian answered all of your questions in a way you understood? Yes No

Comments: _____

17. Did you consider the Veterinarian's conduct to be professional? Yes No

Comments: _____

18. Did you feel the Veterinarian took enough time with you in the room today? Yes No

Comments: _____

19. Was your bill ready in a timely manner? Yes No

Comments: _____

20. Were your prescriptions/products explained to you?

Yes No Comments: _____

21. Were instructions on further care for you pet explained clearly? Yes No

Comments: _____

22. Would you return or recommend us to friends or relatives? Yes No

Comments: _____

23. How did your visit with us compare to other Veterinary Clinics you have been to _____

Thank you so much for taking the time to fill out our client customer service feedback survey. Your honesty will help us continue to better our services and staff training. Thank you!

