



United Veterinary Clinic Pte Ltd

Reg No: 201326982D

107 Ang Mo Kio Ave 4, #01-148, Singapore, 560107

Tel: 6455 6880 Fax: 6455 0886 Website: unitedvetclinic.com

CLIENT FEEDBACK FORM

At United Veterinary Clinic (UVC), we strive to provide you and your precious companions with quality veterinary health care and services. Help us service you better by providing feedback and suggestions. The feedback form may be submitted anonymously. Thank you for your time and effort and for entrusting us with the care of your beloved companions.

Please tick and circle where appropriate:

How did you come to choose UVC?

- Referral from a friend / family member
- Location
- Website
- Internet Search

Others:

Please rate your telephone experience:

	excellent			poor	
The phone call was answered promptly.	5	4	3	2	1
The phone interaction was friendly and polite.	5	4	3	2	1
The staff answering was helpful and informative.	5	4	3	2	1

Additional Comments:

Please rate your experience with UVC staff:

	excellent			poor	
Staff were warm and professional.	5	4	3	2	1
Staff were attentive and answered all my queries.	5	4	3	2	1
Staff behaved professionally in manner and appearance.	5	4	3	2	1
Staff were proficient and knowledgeable	5	4	3	2	1
Staff demonstrated care and concern for my pet.	5	4	3	2	1
My waiting time was reasonable.	5	4	3	2	1

Additional Comments:



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Please rate our communication:

	excellent			poor	
My pet's health status was explained well.	5	4	3	2	1
Pet care options were explained well.	5	4	3	2	1
Cost for my pet's care was explained well.	5	4	3	2	1
Frequency of follow up communication was good.	5	4	3	2	1

Additional Comments:

Please rate our clinic facilities:

	excellent			poor	
The visit was comfortable for both me and my pet.	5	4	3	2	1
The clinic was clean and tidy.	5	4	3	2	1

Do you feel the veterinary fees are reasonable? If "No" please elaborate.

Would you recommend others to come to UVC? Why or why not?

Please tell us what you liked best about your experience at UVC.

What suggestions do you have for UVC to improve on?

Client Name (Optional): _____ Date: _____