

Referring Veterinarian Survey

(rev. 2016)

- 1) In your opinion, what **level of service** do we provide **to you and your clients**?
Excellent ___ Good___ Fair___ Poor___

Comments:

- 2) How do your clients feel about the **medical care their pets received** at AUC?
Very Satisfied___ Satisfied___ Dissatisfied___

Comments:

- 3) How do your clients feel about their **interactions with ancillary staff** at AUC?
Very Satisfied___ Satisfied___ Dissatisfied___

Comments:

- 4) Are **our fees appropriate**?

Individual Services	Yes ___	No___
Overall Bill	Yes___	No___

Comments:

- 5) Is our level of **use of procedures/diagnostics** appropriate? Yes___ No___

Comments:

- 6) Is our handling of **minor complications of your cases** appropriate?
Yes___ No___

Comments:

- 7) Is our **level of communication** with you appropriate? Yes___ No___

Comments:

8) **Do you currently refer** emergencies to AUC? All___ Some___ None___

Comments:

9) **Do you currently transfer hospitalized patients** to AUC?
Frequently___ Infrequently___ Never___

Comments:

10) **Are you aware of our transfer policy** which covers patients that have been seen who are directly transferred from your hospital? (courtesy exam with 20% discount applied to cost of services, antivenom and blood products excluded)

Yes___ No___

Comments:

12. **Are you aware that Dr. Wayne Rosenkrantz from the Animal Dermatology Clinic** sees patients at AUC on the last Tuesday of every month?

Yes___ No___

13. How likely are you to **refer to this satellite clinic** now that they are located at our facility?

Frequently___ Infrequently___ Never___

Comments:

I think the AUC could better serve clients by:

I think the AUC could better serve referring DVMs by:

Name (optional)

Practice (optional)