

## REDWOOD EQUINE PRACTICE

John W. Kaufman, DVM  
648 Larkfield Center, Suite E  
Santa Rosa, CA 95403  
707-545-0737

## CLIENT FEEDBACK QUESTIONNAIRE

*[jwkaufmandvm@sbcglobal.net](mailto:jwkaufmandvm@sbcglobal.net)*

Please take a moment to help us improve your experience with our clinic. When you're done, please return this form in the enclosed envelope or fax to us at 707-545-0609.

### RESPONSIVENESS AND RELATIONSHIPS

How satisfied are you with the time required to reach us in the office during business hours?

- Extremely satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

How satisfied are you with the time between making an emergency call and the time at which we first return the call?

- Extremely satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

How satisfied are you with your ability to speak to the doctor with questions about your horse or treatment?

- Extremely satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

How satisfied are you with the degree of respect we show to you when you call our office?

- Extremely satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

How satisfied are you with the time between requesting a regular (non-emergency) appointment and date on which it is scheduled?

- Extremely Satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

How satisfied are you with the time required to reach us or the attending veterinarian for an emergency outside of regular business hours?

- Extremely satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

How satisfied are you with the degree of respect we show to you as a client when we visit your farm?

- Extremely satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

How satisfied are you with the compassion and empathy we demonstrate for our clients and patients?

- Extremely satisfied
- Satisfied
- Neutral or NA
- Dissatisfied
- Extremely dissatisfied

**EXPERTISE AND SERVICE**

<p>How satisfied are you with our ability to clearly communicate complicated medical problems and the course of treatment prescribed?</p> <p> <input type="checkbox"/> Extremely satisfied  <input type="checkbox"/> Satisfied  <input type="checkbox"/> Neutral or NA  <input type="checkbox"/> Dissatisfied  <input type="checkbox"/> Extremely dissatisfied         </p>	<p>How satisfied are you with the degree to which our prognoses accurately match the actual experience during recovery from an injury or illness?</p> <p> <input type="checkbox"/> Extremely satisfied  <input type="checkbox"/> Satisfied  <input type="checkbox"/> Neutral or NA  <input type="checkbox"/> Dissatisfied  <input type="checkbox"/> Extremely dissatisfied         </p>
<p>How satisfied are you with the timeliness and content of our follow-up after evaluation or treatment?</p> <p> <input type="checkbox"/> Extremely satisfied  <input type="checkbox"/> Satisfied  <input type="checkbox"/> Neutral or NA  <input type="checkbox"/> Dissatisfied  <input type="checkbox"/> Extremely dissatisfied         </p>	<p>How satisfied are you with the timeliness and accuracy of our reminders for procedures?</p> <p> <input type="checkbox"/> Extremely satisfied  <input type="checkbox"/> Satisfied  <input type="checkbox"/> Neutral or NA  <input type="checkbox"/> Dissatisfied  <input type="checkbox"/> Extremely dissatisfied         </p>
<p>How satisfied are you with the accuracy of our billing?</p> <p> <input type="checkbox"/> Extremely satisfied  <input type="checkbox"/> Satisfied  <input type="checkbox"/> Neutral or NA  <input type="checkbox"/> Dissatisfied  <input type="checkbox"/> Extremely dissatisfied         </p>	<p>If you could provide one area of improvement for our practice in the coming year, what would it be?</p>

**ADDITIONAL COMMENTS:**

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**ABOUT YOU (OPTIONAL)**

Name		E-mail	
Address		Phone	
City, State, ZIP Code			

Thank you for your participation!