



3-Minute Survey

We would like to know how we are doing.

In our quest to provide the best services possible, we would like to know what you think of our services: what are we doing well, what do we need to improve, and what we can add to our services?

We realize you may only use some of our services (i.e., you may use the referral center but not the emergency room). Simply answer to the best of your abilities and help us improve our services to you and your patients.

OVERALL IMPRESSION

PLEASE CIRCLE YOUR RATING

1= Needs Improvement 10= Excellent

How would you rate SVRC as a veterinarian?

1 2 3 4 5 6 7 8 9 10

How would you rate the service provided by SVRC to your clients and patients?

1 2 3 4 5 6 7 8 9 10

As a veterinarian, how would you rate The Pet Emergency Rooms services?

1 2 3 4 5 6 7 8 9 10

How would you rate The Pet Emergency Rooms services rendered to your clients and patients?

1 2 3 4 5 6 7 8 9 10

What do you feel are the main strengths of SVRC?

What do you feel are the main strengths of The PET Emergency Room?

Do you consider SVRC/ The PET Emergency Room an extension of your practice? Yes No

Is there anything we can be doing to assist you with challenging cases and make it easier for you to refer cases to SVRC and/or The PET Emergency Room?

SVRC _____

The Pet Emergency Room _____

Are there any other services you would like to see provided at SVRC/ The PET Emergency Room?

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AREAS OF IMPROVEMENT

In what areas can **SVRC** improve? *(If you have not used SVRC services, leave blank)*

In what areas can **The PET Emergency Room** improve? *(If you have not used The PET ER services, leave blank)*

COMMUNICATION PREFERENCES BETWEEN OUR OFFICE AND YOUR OFFICE

Do you have a preferred method of communication for **ALL** communications? *You may check more than one if needed*

Mail Phone Email Fax

...or would you like the communications to **vary depending on the situation?** *If situation requires more than one, please put number 1 in the MOST IMPORTANT method and number 2 (and number 3 if needed) in the secondary and tertiary means of communications.*

Upon Arrival / Admission NONE ___ Email ___ Fax ___ Phone ___ Phone After-Hours
Daily Report (hospitalization only) NONE ___ Email ___ Fax ___ Phone ___ Phone After-Hours
Upon discharge NONE ___ Email ___ Fax ___ Phone ___ Phone After-Hours
Referral Letter / Summary Letter ___ Mail ___ Email ___ Fax ___ Phone ___ Phone After-Hours

If you have selected **After-hours** for any option, please list phone number to use: _____

If a patient is admitted **After-hours and requires hospitalization the following day**, would you like us to:

- Call you **immediately**, even if after hours (at the above number)
- Call you **in the morning** to discuss whether to keep your patient hospitalized here or transfer to your offices
- Always transfer** the case back to your office in the morning
- Always keep** the patient in the ER for hospitalization

Do you want to be called about **every case** or just those with significant concerns?

Every case **Only on select cases** *Please indicate criteria* _____

In our referral letters, would you prefer we include: full lab results just a summary of findings

If you have selected **email** for any of the communications, **please list your email or emails below:**

Would you like to receive our quarterly email newsletter? Yes No

Name: _____ Clinic Name: _____

Thank you for your input. We look forward to continue being your partner in pet healthcare!

Visit www.SVRCflorida.com for more information and downloadable referral forms.

