

ANIMAL HOSPITAL * SECRET SHOPPER EVALUATION

Location Name: _____

Date/Time of visit: _____

Name of Associate/Assistant: _____

Please rate the service you received for each of the items listed. When rating each item, use the following as your scale: 1 = Poor to 5 = Excellent

Item/Description	Rating (circle one)				
<u>Facilities</u>					
1. Was the outside appearance attractive – curb appeal	1	2	3	4	5
2. Did the outside appear to be clean? (sidewalks, windows, doors)	1	2	3	4	5
3. Availability of information brochures?	1	2	3	4	5
4. Pleasant and attractive décor?	1	2	3	4	5
5. Pleasant and comfortable waiting area?	1	2	3	4	5
<u>Associates</u>					
1. Friendly and courteous manner?	1	2	3	4	5
2. Knowledge of services?	1	2	3	4	5
3. Willingness to listen and respond to your need?	1	2	3	4	5
4. Fast and efficient service?	1	2	3	4	5
5. Level of professionalism on the phone?	1	2	3	4	5
6. Ability to get an appointment at the desired time?	1	2	3	4	5
7. Speed and convenience of check in?	1	2	3	4	5
8. Punctuality in meeting scheduled appointments?	1	2	3	4	5
9. Friendliness and courtesy of the receptionist?	1	2	3	4	5
10. Friendliness and courtesy of the technician?	1	2	3	4	5
11. Appearance and cleanliness of the healthcare team?	1	2	3	4	5
12. Staff's ability to answer questions and explain things clearly?	1	2	3	4	5
13. Healthcare team treated you and your pet with compassion and care?	1	2	3	4	5
14. Speed and convenience at check out?	1	2	3	4	5
15. Value received for the price paid?	1	2	3	4	5
16. Did the staff call your pet by name?	1	2	3	4	5
17. How likely is it that you would recommend this clinic to a friend?	1	2	3	4	5
<u>Miscellaneous</u>					
1. Was the overall experience enjoyable?	1	2	3	4	5
2. Were the hours convenient?	1	2	3	4	5
3. Were the restroom facilities easily accessible?	1	2	3	4	5
4. Were the restrooms neat and clean?	1	2	3	4	5

Total Score: _____

Your name: _____

Approximate time spent: _____