



The Opportunity Survey Tool - Pet owner survey

Please enter your survey code (five digit code provided):

Thank you for giving us the opportunity to better serve you and your pet. Please help us by taking a few minutes to tell us about the service you received for your pet during your most recent preventive pet healthcare visit to our office. This survey will provide us with your insight regarding our practice of preventive care. For the purpose of this survey, “preventive pet healthcare” is defined as the assessments and services your pet received as part of your most recent preventive care visit to our practice. Common “preventive pet healthcare” services may include a regular physical exam and checkup, vaccinations, and consultations or recommendations regarding general pet care and health maintenance. Your responses are completely confidential and will remain anonymous. Thank you for helping us improve our efforts to keep your pet healthy. We appreciate your candid feedback!

What was the reason for your pet's most recent visit to our veterinary practice?

- Routine checkup/preventive care
- My pet was sick
- Other _____

If Routine checkup/preventive ... Is Not Selected, Then Skip To End of Block

For the remainder of this survey, please think specifically about your pet’s most recent routine checkup/preventive care visit to our office, and answer the following questions to the best of your ability.

What type of pet did you bring in for your most recent routine checkup/preventive care visit?

- Dog
- Cat
- Both
- Other

If Other Is Selected, Then Skip To End of Block

Although you recently brought in both a dog and a cat for a routine preventive care visit, we are interested in your cat for this survey. When answering the rest of the survey, please give answers as they apply to your cat only.

How frequently do you bring your pet(s) to see a veterinary professional for a routine checkup/preventive care visit?

- Frequently (every 6 months)
- Regularly (once a year)
- Occasionally (once every 2 years)
- Rarely (every 3-4 years)

How satisfied are you with the overall level of service our healthcare team (veterinarian, veterinary technicians, office staff, etc) provides your pet(s) on an ongoing basis?

- Very Dissatisfied
- Dissatisfied
- Somewhat Dissatisfied
- Neutral
- Somewhat Satisfied
- Satisfied
- Very Satisfied

Please briefly explain below.

More specifically, how satisfied are you with your pet's most recent routine checkup/preventive care visit to our veterinary office?

- Very Dissatisfied
- Dissatisfied
- Somewhat Dissatisfied
- Neutral
- Somewhat Satisfied
- Satisfied
- Very Satisfied

Please briefly explain below.

During your pet's most recent routine checkup/preventive care visit, were you in the exam room with your pet and the veterinarian and/or veterinary technician?

- Yes
- No

Think about your cat's most recent checkup/preventive care visit to our office. Were the following discussed with you or provided as part of the visit?

	Yes	No / I don't remember
Physical exam	<input type="radio"/>	<input type="radio"/>
Retrovirus test (FELV, FIV)	<input type="radio"/>	<input type="radio"/>
Internal parasite testing (feces tested for worms)	<input type="radio"/>	<input type="radio"/>
Broad-spectrum parasite control (heartworms, intestinal, fleas, ticks)	<input type="radio"/>	<input type="radio"/>
Pain assessment	<input type="radio"/>	<input type="radio"/>
Dental exam and recommendations	<input type="radio"/>	<input type="radio"/>
Behavioral assessment	<input type="radio"/>	<input type="radio"/>
Heartworm test	<input type="radio"/>	<input type="radio"/>
Weight and nutritional assessment and/or recommendations	<input type="radio"/>	<input type="radio"/>
Vaccinations	<input type="radio"/>	<input type="radio"/>
Follow-up plan based on assessments and recommendations	<input type="radio"/>	<input type="radio"/>

stress experienced by my cat and me during office visits.							
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Think about your dog's most recent checkup/preventive care visit to our office. Were the following discussed with you or provided as part of the visit?

	Yes	No / I don't remember
Physical exam	<input type="radio"/>	<input type="radio"/>
Heartworm test	<input type="radio"/>	<input type="radio"/>
Internal parasite testing (feces tested for worms)	<input type="radio"/>	<input type="radio"/>
Broad-spectrum parasite control (heartworms, intestinal, fleas, ticks)	<input type="radio"/>	<input type="radio"/>
Pain assessment	<input type="radio"/>	<input type="radio"/>
Dental exam and recommendations	<input type="radio"/>	<input type="radio"/>
Behavioral assessment	<input type="radio"/>	<input type="radio"/>
Weight and nutritional assessment and/or recommendations	<input type="radio"/>	<input type="radio"/>
Vaccinations (such as rabies)	<input type="radio"/>	<input type="radio"/>
Follow-up plan based on assessments and recommendations	<input type="radio"/>	<input type="radio"/>

reduce the stress experienced by my dog and me during office visits.							
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When you have a question about your pet's health, what is typically the FIRST source you consult?

- Healthcare team
- Internet
- Pet stores
- Pet shelters
- Dog or cat breeder
- Friends/family
- Other _____

Which of the following is most likely to negatively impact the possibility that you would take your pet in for a routine checkup/preventive care visit? (Check all that apply.)

- The cost of preventive care
- Routine checkups/preventive care is not essential for my pet
- My pet does not like to go to the veterinary office
- Transportation (ie, lack of transportation or veterinary office is too far away)
- I forget to schedule an appointment
- I forget about my scheduled appointment
- Other _____

What are your preferred methods of communication when receiving information from our veterinary practice (ie, appointment reminders, pet health information, etc)? (Check all that apply.)

- Phone
- E-mail
- Text message
- Regular mail
- I would prefer not to receive information from your practice

What is your gender?

- Male
- Female

What is your current age?

- Less than 20
- 20 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 or over

If you had it to do over again, how likely would you be to take this survey?

- Very Unlikely
- Unlikely
- Somewhat Unlikely
- Undecided
- Somewhat Likely
- Likely
- Very Likely

Thank you very much for participating! Your responses will provide us with important insights into the preventive healthcare services we deliver to your pet and will help us enhance the way we serve you in the future. Our focus is to ensure that all of the pets in our practice receive the best preventive care possible to help them live longer and healthier lives. We appreciate you placing your trust in our veterinary practice and giving us the honor of caring for your beloved pet!