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Departing Client Feedback

Thank you for allowing us to help you care for your pets. We know the veterinary hospital you choose is an important decision. Please give us feedback about your experience as a client here at Briar Patch. This information helps us fill our mission of supporting the special bond between people and animal companions, providing exceptional veterinary care, client service and education.

Return by email attachment to info@briarpatchvet.com or postal mail to 706 Elmira Rd. Ithaca, NY 14850.

| Reason for choosing another veterinary practice (please check all that apply): | |
|--|--|
| | Moved away from the area |
| | Remaining in the area, but need more convenient location |
| | Fees too high for my budget |
| | Hours of operation not convenient |
| | My pet needs a doctor specializing in |
| | Personalities don't fit |
| | you feel our staff and doctors listened to your needs and/or answered your questions? Always |
| | Sometimes |
| | Never |
| 3. Were you comfortable with the ways in which our staff and doctors interacted with you and handled your pet? | |
| | Always |
| | Sometimes |
| | Never |
| 4. How would you describe the facility (please check all that apply): | |
| | Reception area and waiting room are not clean |
| | Unpleasant odors |
| | Noisy |
| | Building appears to be in disrepair |
| | The grounds and natural area behind the hospital are not well-kept |
| | Had difficulty entering and/or exiting the building |
| | Had difficulty entering and/or exiting the parking area |
| | Lighting after dark is not sufficient |
| | |

5. Comments or suggestions: