

Client Satisfaction Survey

8. Please share any other services that you would like to see our practice offer that we don't currently have.

9. Do you consider this practice to be your primary equine medicine provider?

Yes

No

10. If we are not your primary provider, please tell us what we can do to earn more of your business.

11. In a few words, what do you like best about our practice?

12. In a few words, what do you think our practice could do better?

About you and your horses...

The next few questions are designed to help us see how different types of clients respond.

Remember, all your answers are completely confidential.

13. Which of the following categories best describes you?

- Horse Owner
- Horse Trainer
- Owner/Trainer

14. How many horses do you own (or are under your care)?

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15. Which of the following categories describe your horse(s) (or horses that are under your care) that our practice sees?

- Racehorse
- Show Horse - English
- Show Horse - Western
- Work Horse
- Pet/pleasure Riding

16. On average, how many times in a year do we see your horse(s)?

17. How long have you been a client of our practice?

- Less than a year
- 1 - 3 years
- 4 - 6 years
- 7 - 10 years
- More than 10 years

18. Please indicate your gender.

- Male
- Female

19. Which of the following categories includes your age?

- Under 25
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 or older

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20. Which of the following includes your household income?

- Under \$25,000
- \$25,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,000
- \$150,000 or more

If you would like us to follow up with you to discuss anything on the survey or to answer any questions or concerns you might have, please include your name and telephone number below:

21. Contact Information (Optional)

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

If you would like to speak to someone but prefer that your survey answers remain anonymous, please feel free to contact our office at 570-727-2868 and ask to speak to Dr. Johnson or by email (ejohnson@nep.net).

Thank you!