

Pet Business & Service Evaluation Form - Veterinarian

Business Name:	
Contact Name: (& Position in Company)	
Address:	Phone #:
Email Address: Website:	Social Media? <input type="checkbox"/> FB <input type="checkbox"/> Tw <input type="checkbox"/> Other:
Days / hours of operation: M _____ T _____ W _____ TH _____ F _____ Sa _____ Su _____	
When is payment for services due? Are payment options available? Do fees fit your budget, and are discounts for senior citizens or multi-pet households available?	
Is location and parking convenient?	
Is the facility clean, comfortable and well-organized?	
Are appointments required? YES / NO Are vaccinations required for treatment? YES / NO	
Provide copies of business license, proof of insurance/bonding, training/certification or other authentic documentation pertaining to business or services, including letters of recommendation	
Is the veterinarian & staff: <input type="checkbox"/> Friendly <input type="checkbox"/> Knowledgeable <input type="checkbox"/> Well-organized <input type="checkbox"/> Caring <input type="checkbox"/> Dependable <input type="checkbox"/> Dressed appropriately <input type="checkbox"/> Flexible (scheduling)	
Does the veterinarian have any other specialties? (ie: TTouch, Holistic Remedies, other training, etc)	
Veterinarian on Nutrition: (ie: kibble/commercial, cooked, raw)	
How many veterinarians are in the practice?	
What animals does the veterinarian see?	
Are dog and cat cages in separate areas? Is there a separate area for quarantine?	
Do the veterinarians have special interests such as geriatrics or behavior?	
Are X-rays, ultrasound, bloodwork, EKG, endoscopy and other diagnostics done in-house or referred to a specialist?	
Which emergency services are available?	

_____ Evaluation completed by (print name)

_____ Title (job title pertaining to TAILS411)

Overall Impression (1 being poor, 5 being excellent)

_____ 1 _____ 2 _____ 3 _____ 4 _____ 5