

Referring Veterinarian Survey: Greater Staten Island Veterinary Services

1.) If you called regarding this referral...	Very Poor	Poor	Fair	Good	Very Good
My call was answered promptly.					
Telephone staff was polite and helpful.					
I was able to get in for an appointment quickly.					
My questions were answered to my satisfaction.					
GSiVS veterinarians were accessible and collegial.					
I left a message, and it was returned promptly.					

2.) Communication...	Very Poor	Poor	Fair	Good	Very Good
I was kept well informed on the case.					
I received a referral letter promptly.					
I received updates if my patient stayed longer than 24 hours.					
I felt I was in communication with GSiVS every step of the way.					
GSiVS collaborated on the case with me; I felt my input was valued/respected.					
The case was returned to me for follow-up care according to my wishes.					

3.) Treatment...	Very Poor	Poor	Fair	Good	Very Good
I felt my patient was in good hands.					
Results and findings were shared with me.					
I was satisfied with the medical care received.					
My client felt value in the services their pet received.					

4.) To which medical service did you refer this patient?

- Emergency Critical Care Ophthalmology Surgery
 Cardiology Internal Medicine Other

5.) What was the main reason you chose to refer your patient to Greater Staten Island Veterinary Services?

6.) How likely would you be to refer to us again? (0=not likely, 10=very likely)

1 2 3 4 5 6 7 8 9 10

7.) Please indicate the degree of medical care you feel your patient received. (0=poor, 10=outstanding)

1 2 3 4 5 6 7 8 9 10

8.) What did you like most about your experience? (please use additional sheet, if needed)

9.) How do you feel we can improve? (please use additional sheet, if needed)



Please fax completed survey to: 917-830-1390 • Or scan/email completed survey to: SiErVet@gsvs.org