



**The University of Georgia**  
College of Veterinary Medicine  
*Veterinary Teaching Hospital*  
Athens, GA 30602-7391

FAX (Admin.) (706) 542-5576  
FAX (Referral) (706) 542-4701

Small Animal (706) 542-3221  
Large Animal (706) 542-3223

**Page 1 of 2**

Name \_\_\_\_\_  
Type or Print Name above

Practice Name \_\_\_\_\_  
Type or Print Name above

Dear Sir or Madam:

We are interested in follow-up information concerning our service to you. We would greatly appreciate your taking the time to answer and return the following questionnaire. This information is very important to us.

*Please choose the answer from the drop down menu that most closely describes your experiences with The University of Georgia Veterinary Teaching Hospital.*

- |  |     |
|--|-----|
| 1. Quality of Service  | 1.  |
| 2. Making a "regular" referral                                   | 2.  |
| 3. Making a daytime emergency referral                           | 3.  |
| 4. Making an after hours emergency referral                      | 4.  |
| 5. Communication while patient is in hospital                    | 5.  |
| 6. Post hospital stay communication (referral letters)           | 6.  |
| 7. Discharge Explanation   | 7.  |
| 8. Follow-up care (rechecks and response to aftercare questions) | 8.  |
| 9. Telephone consults  | 9.  |
| 10. Overall satisfaction   | 10. |

We sincerely thank you for your cooperation with this survey. Your satisfaction is of the utmost importance at The University of Georgia Veterinary Teaching Hospital. We look forward to serving you further in the future.



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**Additional Comments:**

**RETURN INSTRUCTIONS:**

1. Print the completed form and fax to  
706-542-4701  
Attention: Jennifer Yeast
2. Print the completed form and mail to:  
**UGA College of Veterinary Medicine**  
**Teaching Hospital**  
**Athens, GA 30602-7391**  
**Attn: Jennifer Yeast**