

Client Feedback Form (Customized For Your Practice)

Practice Managers recommend that you solicit client feedback to facilitate practice growth and customer satisfaction.

Dear Friends:

Please help us to serve you better!

Our goal at North Brady Animal Hospital is to provide loving, comprehensive, quality care to your "best friend" and to provide exceptional client services to you.

To be successful in our goals we need to regularly pause, reflect and evaluate how we deliver both veterinary care and client services. We strive to meet and exceed your expectations.

The staff at North Brady Animal Hospital would appreciate your evaluations and comments. Please take a moment to complete our survey. When finished, please cut along the dotted line, keeping the "Thank You \$10 Savings Certificate" for your next visit. Please tab seal the 2-panel survey with scotch tape, stamp and mail.

Thank You!
 Scott A. Bernick, DVM
 North Brady Animal Hospital

10 Thank You Certificate
 This Thank You Certificate is worth \$10 savings on any service rendered at North Brady Animal Hospital.

10 MILLION

Thank You!

North Brady Animal Hospital
 Dr. Scott Bernick
 1400 S. Elgin Ave.
 Daversport, IA 52806-2147

Please note any additional thoughts or comments you would like to bring to the attention of our professional staff?

Thank you for taking the time to help us improve our services to you and your pet.

please help

North Brady Animal Hospital
 1400 S. Elgin Ave.
 Daversport, IA 52806-2147
 PH: (563) 391-9422
 FAX: (563) 391-9422
 www.northbrady.com

ADMISSIONS REQUESTED

Are You Meeting Your Client's Expectations?



302 Washington St., #159
 San Diego, CA 92103
 ph. 800-803-8832
 fax 888-302-8832

— PLEASE NOTE — LAYOUT SAMPLE PROOF

Experience the power of customized professional communications. You will be sent a layout sample proof for your review. This client feedback form is customized for YOU — which means you can include your logo, change any elements, photos and text copy to meet your practice requirements. Just tell us what you like and we will make it happen.

Client Feedback Form Order fax to 888-302-8832

- A** Select Quantity
- 3 Panel 10pt card stock (setup \$339)
 - 1000 (54¢ ea.)
 - 2000 (36¢ ea.)
 - 4000 (28¢ ea.)
- B** Select Optional Mailing Services:
- Address and Barcode (8¢ ea.)
 - Tab Seal (2.5¢ ea.)
 - US Postage Flyer Rate (29¢ ea.)
 - Deliver to Post Office \$39

- C** Include AAHA logo in brochure
- YES
 - NO

- D** Comments / Special Requests:

Practice Information

Practice Name: _____

Veterinarian: _____

Circle Credit Card Type: VISA MASTERCARD AMX DISCOV

C.C. #: _____

Exp. Date: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

FAX #: _____

Contact Person: _____

Signature: _____