VHMA Client Satisfaction Survey Kit Order Form

The VHMA Client Satisfaction Survey provides an opportunity for you to gain information on how well you are serving your clients and to find out which services they feel are important. All you have to do is distribute the 200 surveys to your clients, VHMA does the rest. VHMA collects the data and produces a personalized confidential report for your hospital and/or doctor. Throughout the confidential report, you will be able to compare your hospital to similar type practices in your area. The report will also provide you with your average client profile. This profile shows you what your clients value most and will help you improve those services.

The member cost to use the **VHMA Client Satisfaction Survey is $150** (*U.S. Funds*) **per survey kit** (this survey regularly sells for $200). You are not limited to the number of surveys kits you may order. For example, if you wish to perform a satisfaction survey for each of your doctors or for multiple practice locations, simply let us know how you would like your surveys identified.

Please fill out the form below and mail or fax it back to the VHMA office. If you prefer, you can also order your kit(s) on-line via our Web site at: www.vhma.org. You can expect to receive your kit within two weeks. A help line will be available to you for analyzing your report. All reports will be delivered electronically (unless otherwise requested), be sure to indicate the appropriate e-mail address for communication relating to this survey.

ORDER INFORMATION

❒ Small Animal ❒ Large Animal ❒ Both Small and Large Animal (this is two combined kits, price is $300)

Number of survey kits requested: _____

Indicate your client survey form preference: ❒ paper ❒ electronic

Indicate your final report form preference: ❒ paper ❒ electronic

Who is the survey being performed for (i.e., a specific doctor or practice)? _____

VHMA Member: _____

Practice Name: _____

Mailing address for survey kit:

_____

Contact phone number: _____ Fax number: _____

Contact e-mail address: _____

Number of survey kits (if more than one, complete the next question below): _____

For multiple kit orders:

How would you like your surveys identified so that we can provide coded kits? Please be sure to indicate if you would like your kits mailed to different addresses. _____

_____

_____

PAYMENT INFORMATION

❒ Check ❒ American Express ❒ Discover ❒ Mastercard/VISA

Total amount to be charged (U.S. Funds): _____

CC# _____ Exp. Date: _____

Card security code (CSC): _____

Name on credit card (PLEASE PRINT NEATLY): _____

Complete billing address: _____

Signature of credit card owner: _____

Veterinary Hospital Managers Association, Inc.
PO Box 2280, Alachua, FL 32616
(877) 599-2707/(518) 433-8911 • (888) 795-4520 fax • admin@vhma.org • www.vhma.org