



MYSTERY SHOPPER REPORT

Name of practice visited _____

Date of visit _____ Visited by _____

Type of service requested _____

Veterinarian seen _____

Please check off the services offered by this practice:

- Exotic/Avian Medicine Boarding Grooming Pet Supplies
- Prescription Diets Obedience Training Pet Foods
- Other _____

When you first made your appointment, how were you handled over the telephone? _____

Distance of the practice from our hospital: _____ Miles

Describe the outside appearance of the practice. What was your impression of the sign, parking lot, landscaping and other aspects of the external environment? _____

When you entered the practice, were you greeted by the receptionist? Yes No

Comments _____

Describe the internal appearance of the practice:

Waiting room: _____

Reception area: _____

Product Displays: _____

Informational Displays: _____

Exam Room: _____

What was the appearance of the doctors and staff?

Receptionists: _____

Technicians: _____

Veterinarians: _____

Practice Manager: _____

What was the overall attitude of the staff? _____

What was the overall attitude of the doctor(s)? _____

Were you seen on time for your appointment? Yes No

Please rate and describe the "bedside manner" of the doctor(s): _____

Were you informed of other needed services and preventive vaccinations for your pet? Yes No

Comments _____

Regarding marketing of products and services, did the practice:

Have a hospital brochure or folder? Yes No

Use an exam room report card? Yes No

Use an exam room technician? Yes No

Have a display of recommended foods? Yes No

Offer a senior citizen discount? Yes No

Have a display of pet supplies? Yes No

Use a film or video for client education? Yes No

Have a photo mural in the waiting room? Yes No

Itemize your statement at the time of receipting? Yes No

Comments regarding the marketing activities of the practice: _____

Competitive Fee Analysis

<u>Procedure</u>	<u>Visited Practice Fee</u>	<u>Our Fee</u>
Comprehensive Physical Exam	\$ _____	\$ _____
Annual Distemper Vaccination Canine / Feline (circle one)	\$ _____	\$ _____
Fecal Analysis	\$ _____	\$ _____
Feline Leukemia Test	\$ _____	\$ _____
FELV/FIP Vaccination	\$ _____	\$ _____
Rabies Vaccination	\$ _____	\$ _____
Heartworm Medication	\$ _____	\$ _____
Flea Control Medication	\$ _____	\$ _____

Comments regarding the practice's fees and the perceived quality of service rendered: _____

What do you think are the best aspects of the practice you visited? _____

What do you think are the weakest aspects of the practice you visited? _____

On a scale of 1 to 10 (10 being highest), how did their practice rate? _____ Rating

From your observations of the other practice, in what ways can we improve our practice? _____

