

# 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 flat screen TV in the reception area?  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

Have a display of pet supplies?  Yes  No

Provide any type of client education?  Yes  No

Have a virtual tour of the practice?  Yes  No

Itemize your statement at the time of receipting?  Yes  No

Comments regarding the marketing activities of the practice: \_\_\_\_\_

**COMPETITIVE FEE ANALYSIS**

<b><u>Procedure</u></b>	<b><u>Visited Practice Fee</u></b>	<b><u>Our Fee</u></b>
Comprehensive Physical Exam	\$ _____	\$ _____
Annual Distemper Vaccination Canine / Feline (circle one)	\$ _____	\$ _____
Fecal Analysis	\$ _____	\$ _____
Feline Leukemia Test	\$ _____	\$ _____
FELV/FIV 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? \_\_\_\_\_

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