**Abstract**

The interaction between clients and veterinary healthcare providers is critical as it influences client’s satisfaction. This encounter provides the client with the opportunity to assess and evaluate service quality and conversely it offers the providers an opportunity to manage client’s perceptions and service quality. This study was conducted at Shahedul Alam Quadary Teaching Veterinary Hospital (SAQTVH) in Chittagong to assess clients satisfaction using SERVQUAL model by Parasuraman et al., (1988). The SERVQUAL instrument was adapted and modified to capture the relevant data. Data were collected from 60 clients who visited the hospitals for more than two times. Data were analyzed using Microsoft Excel for descriptive statistics and client’s satisfaction were determined by the service quality gap model. The result indicated that the overall satisfaction of clients concerning the service quality of the hospital was not good. On the other hand the gap scores showed negative gaps for five of the service quality dimensions out of five used in the study, indicating that clients were not satisfied with the service quality in relation to those dimensions. This therefore calls for management action to improve service delivery in those areas. These dimensions were Tangibles, Reliability, Responsiveness, Assurance, and Empathy. All the five SERVQUAL dimensions scored negative which affirms patient’s impression about the service.

***Keywords: Veterinary Healthcare provider, SERVQUAL, Client satisfaction***

**Introduction**

In providing responsive, quality healthcare delivery to the animal both pet and farm animal, the importance of understanding client’s satisfaction is widely acknowledged. According to Woodside et al.(1989) cited in Peprah (2014), Clients of patient satisfaction is a fundamental requirement for veterinary healthcare providers. Satisfaction become very imperative as client’s themselves and institutional healthcare service buyers make selection decisions. Many studies add that in addition to its positive implications on client retention and loyalty, client satisfaction influences the rate of client’s compliance with physician advice and the healing process of patients (Calnan, 1988; Roter et al., 1987). Peprah (2013), argues that for the limited healthcare resources to be allocated and managed effectively, it is therefore prudent for healthcare providers to access and identify clients’ priorities among various service quality dimensions and to improve these dimensions for client’s of vet patient satisfaction. According to Jackson and Kroenke (1997), healthcare service quality is an indicator aiding the discovering of the aspects of service quality that require changes to improve client satisfaction. The importance of client views as an essential tool for monitoring and managing as well as improving service quality has been stressed by many studies. A number of studies investigating client satisfaction employ a wide range of measurements depending on their client satisfaction definition (Al Qatari and Haran, 1999). The SERVQUAL model is a tool used for measuring service quality and consequently the satisfaction of clients. It begins with the assumption that service quality is a function of client’s expectation of a service and their perceptions of the service actually rendered. To ascertain satisfaction, the difference between these variables (client’s expectations and perceived service actually delivered) is determined. Zeithaml et al. (1990) asserts that SERVQUAL is a reliable instrument for determining service quality and satisfaction of customers and have been applied in different studies in different service industries. There are a number of critical issues relating to healthcare services that highlight the need to assess and measure client’s satisfactions and improve them. Sewell (1997) puts forward that health which is particularly the relief or cure of ill health, is universally necessary and creates the needed attention to provide high quality services in response to development in medicine. As a result, assessing and measuring client’s satisfaction and perceived service quality is an important issue for a healthcare provider to understand what is cherished by patients client, and to know where, when and how service can be altered or possible improvement can be made as well as how the scarce resources of the healthcare service would be distributed.

Therefore the objective of the study is

* To assess clients’ satisfaction by using SERVQUAL model at Shahedul Alam Quadary Teaching Veterinary Hospital (SAQTVH) in Chittagong.
* To identify the key factors that affect client’s satisfaction
* To propose recommendations for better service quality for the hospital authority.

**Materials and Methods**

**Client’s Satisfaction**

Sixam et al. (1998) explained satisfaction as the state of pleasure or contentment with an action, event or service and it is determined considerably by the expectations of client’s and their experiences.

Kotler (2003) advances a discussion that explains Satisfaction as a person's feelings of happiness or displeasure as a result of comparing a service outcome in relation to his or her expectations. Stemming from this review, client’s satisfaction is described as the result of a cognitive and affective evaluation, where some comparison standard are determined and compared to the actually perceived value. If it happens that the expected performance exceeds perceived performance then, client’s become dissatisfied. On the other hand, if the expectation is less than perceived performance, client’s turn to be happy and satisfied. When the perceived performance equals to expectations, clients’ are neither satisfied nor dissatisfied.

Parasuraman et al., (1985) explained satisfaction in relation to service quality. They argued that service quality is defined as the gap between expected service (client expectations) and perceived service (client perceptions). If client’s expectation is greater than performance, then perceived quality is regarded less than satisfactory and a service quality gap arises. This in effect does not necessarily mean that the service is of low quality but rather client’s expectations have not been met and therefore client dissatisfaction occurs and this present opportunities for improving service to meet client expectations.

**SERVQUAL: A Tool for Measuring Service Quality**

To identify and prioritize performance improvements that are required or to ensure that client’s needs and expectations are being met, both perceptions and expectations of service are needed to be measured (Accounts Commission for Scotland 1999a; Parasuraman et al., 1985, 1988). Parasuraman et al., (1988) designed the SERVQUAL model to specifically measure functional service quality using both the gap concept and service quality dimensions. The SERVQUAL instrument, in its original form, contains twenty-two pairs of Likert scale statements structured around five service quality dimensions: These dimensions are:

(i) Tangible: describes the appearance of physical facilities, personnel and equipment.

(ii) Reliability: deals with the ability to perform the promised service dependably and accurately.

(iii) Responsiveness: considers the willingness to help customers and provide prompt service.

(iv) Assurance: talks about the knowledge and courtesy of employees and their ability to inspire trust and confidence,

(v) Empathy: ability to provide caring and individualized attention to customers.

Each statement appears twice. One measures clients’ expectations and the other measures the perceived level of service provided by an individual organization in that industry. The twenty-two pairs of statements are designed to fit into the five dimensions of service quality. The scale for measuring was made up of a seven-point scale starting from "strongly agree" (7) to "strongly disagree" (1) accompanies each statement. The "strongly agree" end of the scale is designed to correlate with high expectations and high perceptions (Parasuraman et al., 1985, 1988). Service quality occurs when expectations are met (or exceeded) and a service gap materializes if expectations are not fulfilled. The gap score for each statement is computed as the perception score minus the expectation score. The presence of a positive gap score means that expectations have been met or exceeded and a negative score also implies that expectations are not being met. Gap scores for each individual statement can be analyzed and aggregated to give an overall gap score for each dimension. Potentially, this allows an organization to assess where key gaps in performance, from the perspective of the customer, are occurring. According to the Accounts Commission for Scotland (1999a), SERVQUAL results can be used in a variety of ways:

(i) Understanding current service quality

(ii) Comparing performance across different client’s groups

(iii) Comparing performance across different parts of the service

(iv) Understanding the internal clients

(v) Comparing performance across services and

(vi) Assessing the impact of improvement initiatives

The SERVQUAL scales has been used in a wide array of studies in veterinary healthcare to assess client’s perceptions of service quality in a number of service categories.

Buttle (1994) outlines the following as advantages of SERVQUAL:

(i) It is accepted as a standard for accessing different dimension of service quality;  
(ii) It has been shown to be valid for a number of service situations;

(iii) It has been known to be reliable;

(iv) The instrument is parsimonious because it has a limited number of items. This imply that client’s can fill it out easily and swiftly; and

(v) It has a standardized analysis procedure to aid interpretation and results.  
According to Newman (2001), despite the controversies regarding the validity and reliability of SERVQUAL, its application can be found in healthcare. The SERVQUAL dimensions have been modified to suit some study purposes.

**A Conceptual Model of Service Quality**

The service quality model of Parasuraman et al. (1985) is extensively used as a conceptual framework for assessing and measuring service quality delivery in healthcare services. The model point out that client’s quality perceptions are influenced by a series of four unique gaps manifesting in the organizations. The gaps originating from the service providers' side impacts service delivery that is perceived by clients as either high or low quality. These gaps are presented below:

(i) The differences between client expectations and management perceptions of client’s expectations. i.e. not knowing what clients expect.

(ii) The differences between management perceptions of client expectations and service quality specifications. i.e. improper service-quality standards.

(iii) The differences between service quality specifications and service actually delivered. i.e. the service performance gap

(iv) The differences between service delivery and what is communicated about the service to clients.

(v) The differences between patients’ expectations and perceptions, which sequentially depends on the size and direction of the four gaps associated with the delivery of service quality on the service provider's side.

According to this model, the service quality is a function of perception and expectations and can be modeled as:

*SQ* = ∑ki=1 (*Pij*−*Eij )*

Where:

SQ = overall service quality; k number of attributes.

P ij = Performance perception of stimulus i with respect to attribute j.

E ij = Service quality expectation for attribute j that is the relevant norm for stimulusi.

Service quality manifest when expectations are met (or exceeded) resulting in satisfaction, and a service gap occurs if expectations are not met also producing dissatisfaction (Parasuraman et al., 1985). The gap score for each statement is calculated by deducting the expectation score from perception score. The manifestation of a positive gap score suggest that expectations have been met or exceeded and a negative score also means that expectations are not being met. Gap scores can be analyzed for individual statements and can be aggregated to give an overall gap score for each dimension.

**Methodology**

As a core objective of this study, it sought to assess client’s satisfaction using SERVQUAL model. The study population was made up of clients who had visited the hospital at the time of the research. Respondents for the study were selected by using simple random technique. The SERVQUAL instrument by Parasuraman et al., (1985) was adapted and modified to capture the relevant data. The questionnaire was pre- tested, refined and finally administered to the target sample through personal contact by the researcher. Informed Consent information was attached to each questionnaire. A total of seventy structured questionnaires were continuously administered. From this number, sixty were received and were valid and eligible for analysis. The data were analyzed using Microsoft Excel for descriptive statistics. The gap score which indicates client’s satisfaction was determined by the service quality gap model.

**Results and Discussion**

**Demographic Profile of Respondents**

Characteristics such as age, gender, and educational level are very vital in determining and assessing client’s satisfaction and perceived service quality in Veterinary healthcare delivery. These are important to be able to determine how they influence satisfaction of client’s of veterinary patient. Table 1 shows detailed information on demographic data and background characteristics of respondents. The respondents’ age as depicted in table 1 indicated that the age range varied ≤ 17 years (11.7 percent), 18-30 (46.7 percent), 31-40 (28.3 percent), 41-50 (13.3 percent), and > 50 years (0 per cent). 13.3 percent of the respondents were females whilst the remaining 86.7 percent were males. As a public veterinary hospital, it serves both males and females. In this stuy all the respondents had some form of formal education ranging from Primary to Higher education. All these could have very important implications for how respondents perceived satisfaction of the service delivery.

Table 1: Demographic Profile of Respondents

|  |  |  |
| --- | --- | --- |
| Independent Variable | Number | Percentage (%) |
| Age |  |  |
| Below 18 years | 7 | 11.70 |
| 18-30 years | 28 | 46.70 |
| 31-40 years | 17 | 28.30 |
| 41-50 years | 8 | 13.30 |
| 51 years+ | 0 | 0 |
| Gender |  |  |
| Male | 52 | 86.7 |
| Female | 8 | 13.3 |
| Educational Qualification |  |  |
| No Education | 0 | 0 |
| Primary | 11 | 18.3 |
| Secondary | 18 | 30 |
| Higher Secondary | 21 | 35 |
| Higher Education | 10 | 16.7 |
| Category |  |  |
| Small animal | 20 | 33.3 |
| Large animal | 40 | 66.7 |

**Client’s satisfaction**

Clients’ satisfaction at this veterinary hospital was assessed by using the service quality gap model developed by Parasuraman et al., (1985). According to this model, service quality is a function of perception and expectations.

The results indicated that overall satisfaction of clients concerning the service quality of the hospital was not good. Table- 2 indicating overall rating of the hospital. The service quality dimension gap score (Table 2) which is the discrepancy between client’s expectation and perception about the dimensions of service quality revealed that negative gaps occurred in five of the dimensions out of five dimensions employed in the study. The dimensions with the negative gaps were Tangibles, Reliability, Responsiveness, Assurance and Empathy. The negative gaps across the five dimensions indicated that client’s expectations generally were not being met with the largest gap being for Responsiveness (gap score -1.39) followed by Tangibles (gap score -1.28), Assurance (gap score -1.25), Empathy (gap score -1.24) and Reliability (gap score -1.14) in that order as indicated in table 2. This indicate that, clients’ overall satisfaction was not good, and suggest that there is more room for the hospital to improve service quality in relation to the dimension with the negative gaps.

|  |  |  |  |
| --- | --- | --- | --- |
| Service quality dimension | Expectation score | Perception score | Gap score |
| 1.Tangibility | 6.025 | 4.737 | -**1.28** |
| 2.Reliability | 6.216 | 5.078 | -**1.14** |
| 3.Responsiveness | 6.31 | 4.918 | -**1.39** |
| 4. Assurance | 6.318 | 5.13 | -**1.25** |
| 5. Empathy | 6.234 | 4.99 | -**1.24** |
| Unweighted Average SERVQUAL Score | | | -**1.26** |

Table 2: Calculation of SERVQUAL Scores

|  |  |
| --- | --- |
| Service quality dimension | Expectation score |
| 1. The appearance of the hospitals physical facilities, equipment, personnel and communication materials | 15% |
| 2. The hospitals ability to perform the promised service dependably and accurately | 20% |
| 3. The hospitals willingness to help clients and provide prompt service | 25% |
| 4. The knowledge and courtesyof the hospitals doctors and stuffs and their ability to convey trust and confidence | 20% |
| 5. The caring individual attention the hospital provides its clients | 20% |
| Total | 100% |

Table: 3- SERVQUAL Importance Weights

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | **SERVQUAL Dimension** | **Score from**  **Table 2** | **Weighting from Table 3** | **Weighted Score** | | Tangibility | -1.28 | 15 | -0.19 | | Reliability | -1.14 | 20 | -0.23 | | Responsiveness | -1.39 | 25 | -0.35 | | Assurance | -1.25 | 20 | -0.25 | | Empathy | -1.24 | 20 | -0.25 | | **Average Weighted Score** | | | -**0.25** |   Table: 4- Calculation of Weighted SERVQUAL Scores  The negative results of Average Weighted SERVQUAL (Table 3) indicated that overall satisfaction of the clients concerning the service quality of the hospital was not good. So it is necessary to take right step to develop the healthcare service to improve the situation.  A more detailed analysis of the individual statements making up each dimension was undertaken. This was done to help ascertain the contributions of individual statements to total gap of each dimension thereby, determining the specific areas of the service quality dimension of the hospital that need improvement.  Table 5 shows the statements that contribute significantly to their respective dimension gap score:   |  |  | | --- | --- | | Tangibility | **Gap Score** | | 1. Materials and instruments associated with the service are visually appealing at SAQTVH.  2. SAQTVH has modern look and instruments | -**1.55**  -**1.25** | | Reliability | **Gap Score** | | 1.When SAQTVH promises to do something by a certain time, it does so.  2.When you have a problem, SAQTVH shows a sincere interest in solving it | -**1.52**  -**1.32** | | Responsiveness | **Gap Score** | | 1.Duty doctors and stuffs of SAQTVH are never too busy to respond to your request.  2. Duty doctors and stuffs of SAQTVH give you prompt service. | -**1.42**  -**1.41** | | Assurance | **Gap Score** | | 1. Doctors and other stuffs in SAQTVH are consistently courteous with you.  2. You feel save after taking service from SAQTVH. | -**1.3**  -**1.22** | | Empathy | **Gap Score** | | 1.The doctor’s of SAQTVH understand your specific needs  2. SAQTVH give you individual attention | -**1.38**  -**1.29** |   Table 5: Individual statement that contribute in gap score  As a diagnostic instrument, SERVQUAL has identified where the largest service quality gaps, as perceived by clients, occur across five service quality dimensions used in the study. The instrument also allows management to identify in further detail where such gaps are occurring by analyzing the individual statements that make up each dimension. These statements are outlined in Table 5. Further, SERVQUAL allows for prioritization across the five dimensions by assessing gap score of each dimension. Across the five dimensions, gap scores were found for Responsiveness, Tangibles, Empathy, Assurance and Reliability. Comparison of these gap scores suggests that the priority gap as far as client’s assessment of service quality is concerned is that of Responsiveness since it has the largest gap score. Anderson and Zwelling (1996) used the same approach to prioritize where improvements to service quality can best be achieved, concluding that Responsiveness is the priority dimension given that it had the largest negative gap score. Clearly, within the Responsiveness dimension there are different aspects of performance as denoted by the individual statements. It may be possible to prioritize further between these aspects of service quality by examining the gap scores for each. Other things being equal, priority can be given to statements that show higher gap (Accounts Commission for Scotland, 1999a). The mean gap score for statement 1 under Responsiveness would, on this basis, take priority given that it has the largest negative gap score of all the statements followed by statement 2 under responsiveness. This suggests that Responsibility should consider ways of rendering prompt and timely service to clients.  **Limitations and Future Research**  As observed in any study, this study was not without limitations. The study was limited to clients of a public veterinary hospital only. As a result it is therefore suggested that further study be carried out in the private veterinary healthcare centers in order to ascertain a comprehensive understanding of clients’ satisfaction in healthcare delivery. To fully assess the quality of healthcare service delivery and clients’ satisfaction, it is expected that both technical and functional aspects of the service be considered. As another limitation to this study, it considered only the functional aspects of the service delivery thus only client’s view were used for the research.  **Conclusion**  The understanding and measurement of service quality and client’s satisfaction as seen by the client is equally important to veterinary health care delivery because it is a concept integral to the provision of a better, more focused quality service for veterinary patients. In order to achieve this, it is clearly necessary to capture information on client needs, expectations and perceptions so as to assess their satisfaction about the service they receive. This will then help health professionals identify where service improvements are needed.  **References**  Accounts Commission for Scotland (1999a), Can’t Get No Satisfaction, Accounts Commission for Scotland, Edinburgh.  Al Qatari, G. and Haran, D. (1999), “Determinants of users’ satisfaction with primary health care settings and services in Saudi Arabia”, International Journal for Quality in Health Care, Vol. 11 No. 6, pp. 523-31.  Anderson, E. (1995), "Measuring service quality in a university health clinic", International Journal of Healthcare Quality Assurance, Vol. 8 No.2, pp. 32-7.  Anderson, E. and Zwelling, L. (1996), Measuring service quality at the University of Texas M.D. Anderson Cancer Center, International Journal of Health Care Quality Assurance, Vol. 9, n. 7, pp. 9-22  Baker, R. and Streatfield, J. (1995), “What type of general practice do patients prefer? Exploration of practice characteristics influencing patient satisfaction”, British Journal of General Practice, Vol. 45, pp. 654- 9.  Baruch, Y. (1999), Response rate in academic studies – A comparative analysis. Human Relations, 52, 421– 38.  Buttle, F. (1994), "What's wrong with SERVQUAL ?", Working Paper No. 277, Manchester Business School, Manchester.  Calnan, M. (1988), “Towards a conceptual framework of lay evaluation of healthcare”, Social Science and Medicine, Vol. 27 No. 9, pp. 927-33.  Fitzpatrick, R. (1991), "Survey of patient satisfaction (part 1): important general considerations", British Medical Journal, Vol. 302 No. pp. 887-9.  Hart, M. (1996), “Incorporating outpatient perceptions into definitions of quality”, Journal of Advanced Nursing, Vol. 24 No. 6, pp. 1124-240.  Hendriks, A., Oort, F., Vrielink, M. and Smets, E. (2002), “Reliability and validity of the satisfaction with hospital care questionnaire”, International Journal for Quality in Health Care, Vol. 14 No. 6, pp. 471- 82.  Jackson, J. L., & Kroenke, K. (1997). Patient satisfaction andquality of care. Military Medicine, 162, 273-277 John, J. (1989), "quality in healthcare service consumption: what are the structural dimensions?", in Hawes,  Jun, M., Peterson, R.T. and Zsidin, G.A. (1998), "The identification and measurement of quality dimensions in healthcare: focus group interview results", Healthcare Management Review, Vol. 23 No.4, pp. 81-96.  Kotler P. (2003), Marketing Management, Pearson Education, Inc. Fifth edition.  Lim, P.C. and Tang, N.K.H. (2000), “A study of patients’ expectations and satisfaction in Singapore hospitals”, International Journal of Healthcare Quality Assurance, Vol. 13 No. 7,    Newman, K. (2001), "Interrogating SERVQUAL: a critical assessment of service quality measurement in a high street retail bank", The International Journal of Bank Marketing, Vol. 19 No.3, pp. 126-39.  Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1985), “A conceptual model of service quality and its implications for future study”, Journal of Marketing, Vol. 49 No. 10, pp. 41-50.  Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1988), “SERVQUAL: a multi-item scale for measuring consumer perceptions of the service quality", Journal of Retailing, Vol. 64, No. 1, pp. 12  Peprah, A. A. (2013), Health Care Delivery in Sub-Saharan Africa: Patients’ satisfaction and perceived service quality, A case study of Sunyani Regional Hospital in Ghana. LAP LAMBERT Academic Publication, Germany.  Peprah, A. A. (2014), “Determinant of Patients’ Satisfaction at Sunyani regional Hospital, Ghana”. International Journal Business and Social Research (IJBR), Vol 4, No 1. Pp. 96-108  Roter, D.L., Hall, J.A. and Katz, N.R. (1987), “Relations between physicians, behaviors and analogue patients’ satisfaction, recall, and impressions”, Medical Care, Vol. 25 No. 5, pp. 437-51.  Saunders, M. Lewis, P. and Thornhill, A.(2009), Research Methods for Business Students fifth edition. London: Pearson Education Limited  Sewell, N. (1997), “Continuous quality improvement in acute healthcare: creating a holistic and integrated approach”, International Journal of Healthcare Quality Assurance, Vol. 10 No. 1, pp. 20-6.  Sixam, H.J., Spreeuwenber, P.M. and Van Der Pasch, M.A. (1998), “Patient satisfaction with the general practitioner: a two-level analysis”, Medical Care, Vol. 36, pp. 212-29.  Thompson, A.G.H. (1983), "The measurement of patients' perceptions of the quality of hospital care", unpublished doctoral thesis, UMIST, University of Manchester, Manchester.  Woodside, A.G., Frey, L.L. and Daly, R.T. (1989), “Linking service quality, customer satisfaction, and behavioural intention”, Journal of Healthcare Marketing, Vol. 9 No. 4, pp. 5-17.  Zeithaml, V. A., Parasuraman, A. And Berry, L. L. (1990), Delivering Quality service: Balancing Customer perceptions and Expectations, Macmillan, Londn. |  | **Points** |  |

**Acknowledgement**

All praises are due to “Almighty ALLAH” who enabled the author to complete this report successfully.

The author express his deep sense of gratitude, heartfelt respect and immense indebtedness to his supervisor S. M. Mokaddes Ahmed Dipu, Lecturer, Department of Agriculture Economics and Social Sciences, Faculty of Veterinary Medicine, Chittagong Veterinary and Animal sciences University for his valuable advice, scholastic guidance, suggestions, and inspiration.

I would like to express my deep sense of gratitude and thanks to Professor Mr. Md. Abdul Halim, Dean, Faculty of Veterinary Medicine, Chittagong Veterinary and Animal Sciences University for his valuable suggestion & inspiration.

The author wishes to express his gratitude to the Professor and Director of External Affairs, Dr. A.K.M. Saifuddin, Department of Physiology, Biochemistry and Pharmacology, Faculty of Veterinary Medicine, Chittagong Veterinary and Animal Sciences University, for his supervision and kind co-operation during the period of internship

I also express thank to my friends for their help and co-operation during the tenure of writing of this report. The author is immensely grateful to all of them, although it is not possible to mention every one by name.

**The Author**

**September 2018**

**Questionnaire**

**Assessing clients’ satisfaction using SERVQUAL Model: A Case of SAQTVH, Chittagong**

***Mohammad Iqbal Habib****;* ***Intern ID****: 41;* ***Roll No:*** *13/43;* ***Reg. No:*** *00972*

*Cell: 01822967252; E-mail: iqbalhabibdvm@yahoo.com*

***Supervisor****: S. M. Mokaddes Ahmed Dipu.*

**Questionnaire**

**Clients Information:**

Name of the client:

Address:

Gender: □ F □ M

Age:

Occupation:

Educational qualifications: □ No Education □ Primary □ Secondary □ Higher Secondary □ Higher Education

Category of patients: □ Small Animal □ Large Animal □ Other

How many times you visited SAQTV: □1 □2 □3 □4 □5 □6 □7 □8 □9 □10 □10+





**Biography**

|  |  |
| --- | --- |
| Name | Mohammad Iqbal Habib |
| Present position and affiliation | Intern student, 18th Batch, FVM, |
|  | Chittagong Veterinary and Animal Science University. |
| Educational background and year | Doctor of Veterinary Medicine in 2017 |
|  | (appeared), Chittagong Veterinary and Animal |
|  | Science University.  I completed my S.S.C. with GPA5 from Govt. Hazi Mohammad Mohsin High School , Chittagong.  I completed my H.S.C with GPA-5 from Government City College ,Chittagong. |
| Research interest | Poultry and Dairy Animal Sector |
|  |  |
| Aim | To establish a Veterinary Health Complex and Diagnostic Centre in field level |
|  |  |

.