

Animal Friends of Wilmington Inc. Service Comment Survey

Please take a moment and complete this survey so we can insure we are providing the best possible care for you and your animal(s). By completing this form you will help us understand how our clients feel about the quality of service we provide. Please mail this form back with your payment. Thank you and we wish the best for both you and your animals.

First time clients please answer both section A and B and previous clients please skip section A and complete section B. Please circle what best fits your experience with our company.

A. New Clients:

1. Did the animal care professional present themselves in a (very poor / poor / good / Very good) manner.
2. The care giver showed up (On time / Early / Late) for your consultation appointment.
3. Did the animal care professional answer all of your questions? (Yes / No)
4. Did your animal(s) respond to the care giver in a (Positive / Neutral / Negative) way?
5. Did you feel comfortable with the outcome of your consultation? (Yes / No)

Additional Comments:

B. New and Previous Clients:

1. I was able to schedule my animal care within 24hrs of my call. (Yes / No)
2. My animal(s) showed (A lot / Some / No) signs of anxiety.
3. My residence was kept in a manner I requested. (Yes / No)
4. My special requests with my animal(s) and residence were fulfilled if any. (Yes / No)

Additional Comments:

Name: _____

Date: _____

Please mail completed survey to: P.O. Box 15031, Wilmington, NC 28408