

Your answers are voluntary, confidential, and anonymous. They will be used by Veterinary Services to evaluate and improve customer service. Please fold this survey and return it by mail (postage paid) or in person to the office you visited.

FORM APPROVED
OMB NUMBER
0579-XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**

CUSTOMER SERVICE SURVEY

1. IN WHAT CAPACITY DID YOU CONTACT VETERINARY SERVICES?

- | | | |
|---|--|---|
| <input type="checkbox"/> Pet Animal Import/Export | <input type="checkbox"/> Farm Animal Import/Export | <input type="checkbox"/> Product Import/Export |
| <input type="checkbox"/> Accredited Veterinarian | <input type="checkbox"/> Farm Animal Programs | <input type="checkbox"/> Other (<i>specify</i>) |

2. HOW SATISFIED WERE YOU WITH VETERINARY SERVICES IN THE FOLLOWING CATEGORIES?

COURTESY

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

PROFESSIONALISM

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

HELPFULNESS

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

TIMELINESS

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

KNOWLEDGE

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

COMMUNICATION

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

TREATING YOU AS A VALUED CUSTOMER

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

3. HOW SATISFIED OVERALL WERE YOU WITH YOUR EXPERIENCE IN OUR OFFICE?

- | | | | | |
|------------------------------------|---|---|--|---------------------------------------|
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Somewhat Satisfied | <input type="checkbox"/> Neither Satisfied nor Dissatisfied | <input type="checkbox"/> Somewhat Dissatisfied | <input type="checkbox"/> Dissatisfied |
|------------------------------------|---|---|--|---------------------------------------|

4. WHAT WAS GOOD ABOUT OUR SERVICE?

5. WHAT COULD WE DO BETTER?

IF YOU WOULD LIKE A RESPONSE FROM VETERINARY SERVICES, PLEASE PROVIDE YOUR NAME AND PHONE OR E-MAIL.

NAME:

PHONE NUMBER :

E-MAIL ADDRESS:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-XXXX. The time required to complete this information collection is estimated to average .083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

TAPE HERE

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PLACE STAMP
HERE

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