|  |  |  |
| --- | --- | --- |
| 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. | | OMB APPROVED  0579-0334  EXP XX/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?** | | |
| Pet Animal Import/Export Farm Animal Import/Export Product Import/Export  Accredited Veterinarian Farm Animal Programs Other (*specify)* | | |
| **2. HOW SATISFIED WERE YOU WITH VETERINARY SERVICES IN THE FOLLOWING CATEGORIES?** | | |
| **COURTESY**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | |
| **PROFESSIONALISM**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | |
| **HELPFULNESS**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | |
| **TIMELINESS**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | |
| **KNOWLEDGE**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | |
| **COMMUNICATION**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | |
| **TREATING YOU AS A VALUED CUSTOMER**  Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied Dissatisfied | | |
| **3. HOW SATISFIED OVERALL WERE YOU WITH YOUR EXPERIENCE IN OUR OFFICE?** | | |
| Satisfied Somewhat Satisfied Neither Satisfied nor Dissatisfied Somewhat Dissatisfied 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 NUMBER OR EMAIL.** | | |
| NAME: | | |
| PHONE NUMBER : EMAIL ADDRESS: | | |
| **According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0334. 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.** | | |

VS Form 1-10

JULY 2010

TAPE HERE

\_\_\_\_\_Fold here

PLACE STAMP

HERE

**USDA, APHIS, Veterinary Services, Eastern Region**

**Employee Resources Team**

**920 Main Campus Drive, Suite 200**

**Raleigh, NC 27606,**

\_\_\_\_\_Fold here

VS Form 1-10

REVERSE