



Pet Resort Survey

Will you please take a moment to complete and return this brief survey?

Date _____

1. Was your check-in and check-out process prompt and simple? Yes No
If no, we welcome any suggestions you might have.

2. Were the Resort Attendants friendly and courteous? Yes No

3. Did the Customer Service Representative greet you in a helpful and friendly manner? Yes No

4. Did the Resort Attendant listen closely and understand your instructions for your pet? Yes No

5. Do you feel the services you received were reasonably priced? Yes No

6. Did you feel comfortable leaving your pet in our resort? Yes No

7. Would you recommend Rose Rock Veterinary Hospital & Pet Resort to your friends?
If no, could you please tell us why? _____ Yes No

8. How would you rate the overall level of service at our hospital & resort?
 Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

9. How did you select us? _____

10. When looking up businesses, do you normally search on the Internet **OR** do you prefer to use a phonebook?

Comments _____

Please inquire about our Resort Loyalty Card the next time you board your pet(s).

Thank You for Your Feedback!

If you would like us to contact you, please provide:

Name _____ Daytime phone (_____) _____

Please mail or fax your survey to (405) 321-3364.

**400 24th Avenue NW
Norman, OK 73069
(405) 321-3361
www.rosrockvethospital.com**

**To be eligible, for the prize of a
2 night boarding stay(excludes
peak time), please complete the
following:**

Name _____

Phone Number _____

Drawings are done monthly.

From _____

Rose Rock Veterinary Hospital & Pet Resort
400 24th Avenue NW
Norman, OK 73069

Please seal with tape or staple. Thank you!

Please Fold

Please Fold