



Pet Resort Survey

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

1. Was your check-in and check-out process prompt and simple? Yes No
If no, we welcome any suggestions you might have.
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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. The services I 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? Yes No
If no, could you please tell us why? _____

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 quarterly.

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