

**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 Farm | <input type="checkbox"/> 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 NUMBER OR EMAIL.

NAME:

PHONE NUMBER :

EMAIL ADDRESS:

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