



Animal Hospital of Oakville Customer Feedback Form

Thank you for visiting **the Animal Hospital of Oakville**. We value all of our customers and strive to meet everyone's needs. Please tell us the date and time of your visit:

Did we respond to your customer service needs today? **YES** **NO**

Was our customer service provided to you in an accessible manner?
YES **SOMEWHAT** **NO (please explain below):**

Did you have any problems accessing our goods and services?

YES (please explain below) **SOMEWHAT (please explain below)** **NO**

Please add any other comments you may have:

Contact information (optional)*:

Thank you,

Management