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## Customer Service Feedback Form

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Thank you for visiting Mississauga Oakville Veterinary Emergency Hospital and Referral Services. We value all of our customers and strive to meet everyone's needs. Please tell us about your visit.

Date: DD/MM/YYYY

1. Were you satisfied with the customer service you were provided?

YES

NO

SOMEWHAT

Comments

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2. Was the customer service provided to you in an accessible manner?

YES

NO

SOMEWHAT

Comments

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3. Did you experience any problems accessing goods or services at Mississauga Oakville Veterinary Emergency Hospital?

YES

NO

SOMEWHAT

Comments

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Contact information (optional)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Thank you,  
Management