Customer Service Feedback Form

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

2. Was the customer service provided to you in an accessible manner?
   □ YES  □ NO  □ SOMEWHAT
   Comments

3. Did you experience any problems accessing goods or services at Mississauga Oakville Veterinary Emergency Hospital?
   □ YES  □ NO  □ SOMEWHAT
   Comments

Contact information (optional)

Name: __________________________  Phone number: __________________________

Email: __________________________

Thank you,
Management