



PUBLIC HEALTH

Date \_\_\_\_\_

## CUSTOMER SERVICE SURVEY: FIELD SERVICES

Thank you for calling the Fort Worth Animal Services Division for assistance with your animal-related problem. Please take a moment to comment on your request for service. Your comments will help us serve you better during any future requests for service. If you need additional space, please use reverse side.

1. Was the person who took your telephone call courteous and helpful when you called to request our services?  yes  no

2. If not, what happened? \_\_\_\_\_

3. Did the person who took your telephone call answer all of your questions?  yes  no

4. How long did it take for an officer to respond to your call?  
 0-2 hours  2-4 hours  4-6 hours  more than 6 hours  overnight

5. Were you satisfied with our response time?  yes  no

6. Was the responding officer courteous and helpful to you?  yes  no

7. Did the responding officer answer all of your questions?  yes  no

8. Did the responding officer provide you with information on:

The animal control ordinance?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not required
Rabies vaccination and licensing?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not required
Spaying and neutering your pet?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not required
Pet adoptions?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not required
Humane trapping of animal?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not required
Affidavits?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> not required

9. Was the responding officer able to resolve your complaint?  yes  no

10. If not, did the responding officer explain why?  yes  no

11. Was your experience with Animal Services pleasant and positive?  yes  no

12. If not, why? \_\_\_\_\_

13. What new services would you like to see provided by Animal Services?  
\_\_\_\_\_

14. Do you own any pets?  yes  no  
How many? \_\_\_\_\_ dogs \_\_\_\_\_ cats \_\_\_\_\_ others (specify) \_\_\_\_\_

15. Are these pets vaccinated and licensed?  yes  no

16. If yes, do these pets wear their tags at all times?  yes  no

17. Would you like to represent the Animal Services Division in your neighborhood and contact us when there are animal problems in the neighborhood?  yes  no

18. What comments or suggestions would you like to offer to improve our services?  
\_\_\_\_\_  
\_\_\_\_\_

**Optional:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_