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www.GoldenStateServiceDogs.com

Get Social With Us ~



Client Survey

We hope you enjoyed your time with us. Please take a few moments to share your valued thoughts and experiences. If you would like to stay informed about exclusive offers, special events, upcoming classes, and other canine services, please leave your contact information below. Thank you!

Date: _____

Contact Information: *Optional*

Your Name:

Phone #:

Dog's Name, Breed & Age:

Email:

General Information: *Please check all that apply*

1. What services did you participate in:

- Group Classes, location(s): _____
- Private Lessons, package: _____
- Other: _____

2. How did you find out about our services?

- Golden State Service Dogs employee or website
- Camp Run-A-Mutt employee or website
- On-line search
- Recommended by a friend, family member, or someone else
- Other: _____

3. How many classes did you attend?

- All of them
- I missed 1 scheduled class
- I missed 2 or more scheduled classes
- Other: _____

4. Why did you take GSSD's classes:

- General Obedience
- Service Dog Training
- Therapy Dog Training
- Other: _____

5. Was this your first dog training service you have participated in with GSSD?

Yes / No

6. Is this your first dog you have owned?

Yes / No

7. Have you received other dog training services before?

Yes / No

If yes, when and with what company: _____

Training Services: *Please circle Yes or No, and feel free to add in your own comments*

5) Excellent	4) Good	3) Average	2) Below Average	1) Poor	0) No Basis
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8. How satisfied are you with the quality of services you received? _____
Comments:
9. How effective and helpful were the services provided for you and your dog? _____
Comments:
10. How knowledgeable did you feel the trainer was on all class topics? _____
Comments:
11. How adequately did you feel the trainer communicated and presented information? _____
Comments:
12. How comfortable did you feel to discuss questions or problems with your trainer? _____
Comments:
13. On what level do you feel you were treated fairly, equally, and with respect by the trainer? _____
Comments:

Class Offerings: *Using the key below, please write in your rating scores on the lines provided*

5) Excellent	4) Good	3) Average	2) Below Average	1) Poor	0) No Basis
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14. How would you rate the cost for the quality of services you received? _____
Comments:
15. How would you rate the ease of enrolling in class or sign-up for services? _____
Comments:
16. How would you rate the safety of the location(s) of your class? _____
Comments:
17. How would you rate the comfort levels of the temperatures in your class space? _____
Comments:
18. How would you rate the accessibility layout of the class location? _____
Comments:
19. How would you rate the size of the meeting space for your training exercises? _____
Comments:
20. How helpful was outside noise in building your dog's ability to focus on your commands? _____
Comments:
21. If you were in a group class, how helpful was the number of students enrolled in your class in aiding to you and your dog's learning needs and benefits? _____
Comments:

Other Recommendations:

22. Would you prefer to have classes or appointments at different times or locations? Yes / No
If yes, what locations and times would be best: _____
23. Would you like to sign up for more classes or services? Yes / No
If yes, what services would you like: _____
24. Are there other services we can offer you that would benefit your needs? Yes / No
Comments:
25. Would you recommend GSSD's services to others? Yes / No

Other Comments or Suggestions: