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Follow-up Survey

Please answer the following to the best of your ability. Scale (1=Not at all, 5= Extremely)

First and Last Name:

Pet(s) Name(s):

1. Do you still have your pet(s)? If not, please note date and continue the questionnaire in the past tense.
2. How satisfied are you with your relationship with your pet(s)?
1 2 3 4 5
3. Rate the level of stress you experience with your pet(s):
1 2 3 4 5
4. Rate the level of joy you experience with your pet(s):
1 2 3 4 5
5. How effective were the services provided in addressing and resolving your concerns with your pet(s)?
 - a. Consultation
1 2 3 4 5
 - b. Treatment Plan
1 2 3 4 5
 - c. Handouts
1 2 3 4 5
 - d. Follow-Up
1 2 3 4 5
6. Were you able to implement the recommendations?
1 2 3 4 5
7. Were their limiting factors to implementing the recommendations? What were they?
8. Do you have a new pet? If so, note date and source (e.g., breeder, shelter, and store)?
9. Additional Comments: