Accessibility Feedback Form

Thank you for taking the time to provide your feedback on the accessibility of our services. Your feedback will help us to identify and remove barriers to accessibility.

Please complete the following fields:

|  |  |
| --- | --- |
| 1. Date and time of visit: |  |

 2. Which area(s) are you providing feedback for?

|  |  |
| --- | --- |
| Front Lobby / Adoptions |  |
| Admissions |  |
| Public Veterinary Services  |  |
| Website |  |
| Staff Interaction |  |
| Program / Service Accessibility |  |
| Other  |  |

If other, please elaborate:

|  |
| --- |
|  |
|  |

3. Was our service provided to you in an accessible manner?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | Somewhat |  | No |  |

Please elaborate on how our services were provided to you.

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4. Please provide any additional questions or comments you may have:

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5. Would you like us to follow up with you on your questions, comments, or feedback?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If Yes, please provide one of the following pieces of information:

|  |  |
| --- | --- |
| Email: |  |
| Phone Number: |  |
| Address: |  |

|  |  |
| --- | --- |
| Please provide your name, if comfortable: |  |

Thank you for your feedback!