

Enrolment form



Name: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

Email: _____

What peographical areas are you able to cover as a mystery shopper?

Are you a... ?

Cat owner Dog owner Horse owner

Other pets
Please specify _____

How many vet practices do you use?

1 2 3 >3

For out of hours cover for your pet, do you use... ?

Your own vet Go elsewhere

Does your own vet run an emergency service?

Yes No

Are you happy to use another vets for out of hours service?

Not very happy Okay Happy Very happy

Where do you buy your flea treatments?

Vets Pet shop Other (please specify) _____

Where do you buy your worming treatments?

Vets Pet shop Other (please specify) _____

Are you interested in joining one of our vet panels?

Yes No

Do you know of anyone else who may be interested in becoming a Mystery Shopper? _____

If so, please add their details in the space provided _____