



Mystery Shopping Application

Mr/Mrs/ Ms etc _____ Surname _____

Christian Name _____

Line 1 of your Address _____

Line 2 of your Address _____

Town _____

County _____

Country _____ Postcode _____

Mobile number _____

Tel number _____

Email address _____

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

Are you a ...?

Cat owner

Dog owner

Horse owner

Other

If other please state _____

How many vet practices do you use? 1 2 3 more than 3

For out of hours cover for your pet do you use? Your own vet Go else where

Does your own vet run an emergency service? Yes No

Are you happy to go to another vets for out of hours service? Yes No

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

Not very happy OK Happy Very happy

Where do you buy your flea treatments?

Vets Pet shops other?

If other please state _____

Where do you buy your worming treatments?

Vets

Pet shops

other?

If other please state _____

Are you a mystery shopper for another organisation?

Yes

No

Which organisation is this

GkNOP

Grass roots

other

If other please state _____

Do you know of any one else who may be interested in becoming a mystery shopper,

Please put their contact details below

Name _____

Address _____

Email address _____

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