

Companion Pet Care Email Survey

Name: _____ Date: _____

- Do you have an email account? No Yes If answering yes, please answer the below questions.
- How often do you check your email? Daily Weekly Monthly Hardly Ever
- I am interested in Companion Pet Care contacting me to: Confirm appointments Send copies of records Deliver lab results Send reminders for yearly exams and vaccines Other: _____
- What is your email address (optional)?
