



Calmer Canine™ Sample Program User Experience Questionnaire

-Pet Owner

Please **CHECK** one answer for each question, or provide a sentence or two where requested.

1. How easy was it to follow the user instructions?

Very Easy Moderately Easy Somewhat Easy Difficult Moderately Difficult Very Difficult

2. Are there any comments that you have regarding the instructions- YES NO

If so please provide them here:

3. How easy was it to use Calmer Canine:

Very Easy Moderately Easy Somewhat Easy Difficult Moderately Difficult Very Difficult

If it was not at least somewhat easy to use Calmer Canine,
please explain why:

4. How well did the vest fit your dog?

Very Well Somewhat OK Not Well Very Poorly

5. Overall how satisfied were you with the effects of Calmer Canine?

Very Satisfied Moderately Satisfied Somewhat Satisfied Not Satisfied

Please explain:

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6. **Did Calmer Canine help with any anxieties other than separation anxiety. If so which one(s), please highlight all that apply:**

- Thunderstorm Phobia Noise Sensitivity Stranger Anxiety General Anxiety Travel Anxiety
 Other: _____

7. **How well did your dog tolerate the treatments?**

- Very Well Moderately Well Somewhat Not Well Very Poorly

8. **Did your dog experience any side effects from therapy? YES NO**

If yes, please give details of the side effects that your dog experienced:

9. **Would you recommend this device to others that have dogs with anxiety? YES NO**

Please explain your answer here:

10. **Would you use this product to replace any solutions that you are using now to control your dog's anxiety? YES NO**

If so which ones?