



Calmer Canine Sample Program User Experience Questionnaire – Veterinarian or Behavior Consultant

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

1. Overall how satisfied were you with the effects of Calmer Canine on the treatment of separation anxiety?

Very Satisfied Moderately Satisfied Somewhat Satisfied Not Satisfied

Please explain:

2. 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: _____

3. How easy was it for the owner to be compliant with the treatment protocol and use instructions?

Very Easy Moderately Easy Somewhat Easy Difficult Moderately Difficult Very Difficult

4. How easy was it for the owner 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 you think this was the case:

5. How well did your patient tolerate Calmer Canine treatments?

Very Well Moderately Well Somewhat Not Well Very Poorly

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6. Did your patient experience any side effects from therapy? YES NO

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

7. Would you recommend Calmer Canine to other clients that have dogs with separation anxiety?

YES NO

Please Explain your answer here:

8. Would you recommend Calmer Canine to 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: _____

9. Would you use this product to replace any solutions that you are currently using now or recommending to control separation anxiety?

If so which ones?

10. Approximately how many separation anxiety cases/month in your practice would be appropriate for Calmer Canine? _____