Staff Questionnaire



**Please take a moment to save this document to your desktop.** Periodically save this document as you move through the questions. You may use the tab key navigate from question to question. **After you complete this form, please email it to** [**updates@vetnetwork.com.**](mailto:updates@vetnetwork.com?subject=Staff%20Questionnaire)

***If you prefer, you can*** [***download a PDF***](http://vetnetwork.com/pdf/Staff-Questionniare.pdf) ***of this form for giving hand-written responses.***

Please read and answer each question thoroughly.

**Hospital/Practice Name**: Click here to enter text.

**Your Full Name** Click here to enter text. **Gender** Choose an item.  
*This is how your name will appear on the website*

**Job** **Position** Click here to enter text.

*For example: groomer, receptionist, veterinary nurse, veterinary technician*

What are some of your **job responsibilities**?

Click here to enter text.

What part of your job **do you like doing best**?

Click to enter text.

What are one or two unique attributes you bring to the clinic or hospital?

Click here to enter text.

Do you have a **college or university degree**? Are you currently enrolled in school? If so, please describe.

Click here to enter text.

**For veterinary technicians only:** Do you have a certificate, a degree and / or are you licensed by the state where you are presently working? Please be as specific as possible regarding your technician status. Please do not use abbreviations. We do not understand that ADVN is Associate Degree in Veterinary Nutrition.

Click here to enter text.

Are you a **full time** or **part time** staff member?

Full Time  Part Time

What date did you begin working at this veterinary hospital?

Month: Choose an item. Year: Click here to enter text.

How long have you been employed in an animal related field?

Click here to enter text.

Please describe other jobs you have held in the animal care field and the dates you held these jobs.

Click here to enter text.

**Pets and Pet Hobbies**

Do you have any pets?

YES,  NO

What kind of pets do you have? What are their names and their ages? *Please include what species and breed.*

Click here to enter text.

Do you have any pet-related hobbies (agility training, showing, breeding, pet tricks, etc)? Are you a member of a pet club or animal organization?

Click here to enter text.

Please write a few sentences about why you like working at this specific veterinary hospital or clinic.

Click here to enter text.

**Personal Information**

How do you spend your free time? What are your hobbies and / or sports? Please list several (gardening, baking, yard sales, hiking, fishing, etc).

Click here to enter text.