

Session Number: _____

Participant: _____

Background Questionnaire

Full Name:

Age:

Gender:

Years at Banfield:

Position(s) at Banfield:

Describe your level of experience with PetWare (Check one)?

Very Inexperienced

Inexperienced

Neutral

Experienced

Very Experienced

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Familiarity with workflows (Check all that apply):

- ☐ Schedule an Appointment
 - ☐ Check-In
 - ☐ Physical Exam
 - ☐ Check-Out
 - ☐ Other (Please specify below)
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