



HUMANE SOCIETY
VETERINARY MEDICAL
ASSOCIATION

Participant Evaluation

(Program Name)

Humane Society Veterinary Medical Association Field Services

Program Location

Program Date

Please take a moment to fill out this program evaluation so we can improve and tailor future programs based on your feedback. Thank you!

Was the content of the program relevant to the practice of veterinary medicine?

Was the content of the program relevant to your area of practice?

Was the content of the program practical and helpful to you?

Was the content of the program interesting?

Was the content of the program well organized?

Was the speaker articulate?

Was the speaker responsive to your questions?

Was there any aspect of the program that we could improve upon?

Is there any other information you would like to share with us?

Name _____ phone (optional) _____

This program was reviewed and approved by the AAVSB RACE program for continuing education. Please contact the AAVSB RACE program at racc@aavsb.org should you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.