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Date _____

TTouch Session Evaluation

Client's Name _____

Pet's Name _____

Please indicate your overall satisfaction with the TTouch session(s)? _____

Please indicate the overall change in our animal at the end of the session(s)? _____

What was the most significant area of improvement? _____

What would you like to see done differently? _____

Other comments or suggestions _____

How likely is it that you would recommend TTouch to a colleague or friend?

0



1



2



3



4



5



6



7



8



9



10



*Not at all
likely*

Neutral

*Extremely
likely*