

**CROSSED SABERS STABLE/SWAP**  
**EVENT/ADOPTION/DONOR CRITIQUE**

1. WHAT ACTIVITY DID YOU PARTICIPATE IN? \_\_\_\_\_
  2. DATE YOU ATTENDED? \_\_\_\_\_
  3. HOW WOULD YOU RATE THE PRE-ACTIVITY COORDINATION AND SUPPORT? \_\_\_\_\_
  4. OVERALL HOW WOULD YOU RATE YOUR EXPERIENCE WITH CROSSED SABERS STABLE & SWAP?  
\_\_\_\_\_
  5. IF THERE WAS ONE THING YOU WOULD CHANGE ABOUT THE ACTIVITY, WHAT WOULD IT BE?  
\_\_\_\_\_
  6. WHAT IS THE ONE THING YOU REALLY LIKED ABOUT THE ACTIVITY? \_\_\_\_\_
  7. DID THE INFORMATION SENT TO YOU ARRIVE IN A TIMELY MANNER AND ANSWER ALL YOUR QUESTIONS? \_\_\_\_\_
  8. HOW WOULD YOU RATE THE FACILITY? \_\_\_\_\_
  9. WOULD YOU CONSIDER BRINGING YOUR HORSE TO CROSSED SABERS FOR TRAINING, BOARDING, ETC? \_\_\_\_\_
  10. IS THERE ANYTHING YOU WOULD WANT TO SPEND MORE TIME ON?  
\_\_\_\_\_
  11. HOW WOULD YOU RATE CLINIC CLASSROOM/LECTURE TIME? \_\_\_\_\_
  12. HOW WOULD YOU RATE CLINIC LABS?  
\_\_\_\_\_
  13. HOW WOULD YOU RATE THE SUPPORT FUNCTIONS (FOOD, TRANSPORTATION, ENTERTAINMENT, AND HOSPITALITY)? \_\_\_\_\_
  14. IS THERE ANYTHING WE DIDN'T DO OR COVER THAT YOU WERE INTERESTED IN?  
\_\_\_\_\_
  15. IS THERE ANYTHING WE SPENT TOO MUCH TIME ON?  
\_\_\_\_\_
  16. HOW MANY MILES DID YOU DRIVE TO ATTEND ACTIVITY?  
\_\_\_\_\_
  17. DID YOU STAY IN A LOCAL HOTEL OR USE LOCAL RESTAURANTS? \_\_\_\_\_ IS THERE ANY YOU WOULD LIKE TO RECOMMEND TO FUTURE ATTENDEES? \_\_\_\_\_
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- 18. DID YOU THINK THE PRICE FOR THIS FUNCTION WAS FAIR?** \_\_\_\_\_
- 19. WAS THE PRICE FOR THIS ACTIVITY HIGHER, LOWER OR ABOUT THE SAME AS SIMILAIR ACITIVITIES YOU'VE ATTENDED OR HEARD ABOUT?** \_\_\_\_\_
- 20. WOULD YOU RECOMMEND CROSSED SABERS TO YOUR FRIENDS?** \_\_\_\_\_
- 21. WOULD YOU CONSIDER RETURNING TO OTHER FUNCTIONS?** \_\_\_\_\_
- 22. IS THERE ANY ACITIVTY THAT WE DON'T OFFER THAT YOU WOULD LIKE TO SEE?** \_\_\_\_\_
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- 23. MAY WE USE YOUR NAME AS A REFERENCE WITH FUTURE CUSTOMERS?**

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IF YES, PLEASE ADD YOUR COMPLETE NAME, ADDRESS AND PHONE NUMBER

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- 24. DID YOU UNDERSTAND CLEARLY EVERYTHING WE WENT OVER? \_\_\_ IF NOT, WHAT?** \_\_\_\_\_
- 25. WHAT DID YOU LEARN?** \_\_\_\_\_
- 26. IF YOU WERE ADOPTING OR DONATING FROM SWAP, HOW WOULD YOU RATE THE EXPERIENCE?** \_\_\_\_\_
- 27. HOW WOULD YOU CHANGE THE EXPERIENCE** \_\_\_\_\_
- 28. DO YOU HAVE IDEAS ABOUT HOW WE CAN BETTER PROTECT AND SERVE THE SWAP HORSES** \_\_\_\_\_
- 29. HOW WOULD YOU CHANGE THE APPLICATION PROCESS FOR ADOPTION** \_\_\_\_\_
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- 30. HOW WOULD YOU CHANGE THE ADOPTION CONTRACT?**
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- 31. IF YOU USED A COMMERCIAL TRANSPORTER, WHO DID YOU USE?** \_\_\_\_\_
- 32. HOW WOULD YOU RATE THIS PERSONS SERVICE?** \_\_\_\_\_
- 33. IF YOU DONATED, DID YOU USE JANET GEYER'S APPRAISAL SERVICE? \_\_\_ IF YES, HOW WOULD YOU RATE THAT APPRAISAL?** \_\_\_\_\_
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- 34. ANY PROBLEMS WITH THE ADOPTION/DONATION PROCESS THAT YOU WOULD LIKE TO SEE CHANGED**
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**THANK YOU FOR COMPLETEING THIS SURVEY AND  
FOR CHOOSING CROSSED SABERS FOR ALL YOUR  
HORSE EXPERIENCES**

**CROSSED SABERS STABLE & THE SECOND WIND  
ADOPTION PROGRAM**

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