



Mystery Phone Shopper Training

The objective of mystery shopper calls is to provide coaching and training. A representative of Communication Solutions for Veterinarians will call your practice as a phone shopper. The conversation will be recorded. The recording will be kept confidential between Communication Solutions for Veterinarians and your calls will not be shared without your permission. Please list each staff member who you want us to mystery phone shop and his or her work schedule. We suggest you do not alert staff of potential mystery shopper calls from us so we can experience typical calls. You will receive a Mystery Phone Shopper Training Report with an audio CD of the call, transcript of the call, evaluation and recommendations, and action plan for skill development. Please allow 4-6 weeks for delivery of completed reports. **Questions? Call 720-344-2347.**

Practice / Company Information	
Hospital name:	Contact person:
Phone:	Fax:
Address:	Email address:
City, State, ZIP:	Website:

Hospital Hours						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
By signing, you grant permission for your staff to be recorded and critiqued in person, by phone and/or written analysis.						
Print name:				Title:		
Owner / Practice manager signature:				Date:		

List work schedule of staff members to be mystery phone shopped:						
First name:		Last name:			Title:	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
First name:		Last name:			Title:	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
First name:		Last name:			Title:	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
First name:		Last name:			Title:	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
First name:		Last name:			Title:	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
If staff schedules vary each week, please include a printed monthly staff schedule with your order to ensure prompt completion of reports. Please fax completed order form to 720-204-2014.						

Payment		
First staff member		Subtotal
Name:		\$179 for initial registrant
# of additional team members		\$159 for each team member
Payment method		Total amount
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check PAYABLE TO COMMUNICATION SOLUTIONS		\$
Name on card	Card #	Expires
Signature		