

Dog Park for Strathalbyn

My Alexandrina

Strathalbyn Dog Park - Feedback Survey

Your Name:

(Required)

Suburb:

(Required)

Email:

(Required)

What statement best describes you?

(Choose any 2 options) (Required)

- ☐ Strathalbyn Resident
- ☐ Strathalbyn Rate Payer
- ☐ Alexandrina Resident
- ☐ Alexandrina Rate Payer
- ☐ Visitor
- ☐ Other (please specify)

Do you support the development of a dog park in Strathalbyn?

(Choose all that apply) (Required)

- ☐ Yes
- ☐ No

Why/ why not? Please provide your comments below:

(Required)

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Are you a dog owner or dog carer?

(Choose any 1 options) (Required)

- ☐ Yes
- ☐ No

Answer this question only if you have chosen Yes for Are you a dog owner or dog carer?

If yes, how many dogs do you have/look after?

Would you use the dog park to exercise your dog/s

(Choose any 1 options) (Required)

- ☐ Yes
- ☐ No

Answer this question only if you have chosen Yes for Would you use the dog park to exercise your dog/s

If yes, approximately how often would you use the dog park to exercise your dog/s?

(Choose any 3 options) (Required)

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other (please specify)

Answer this question only if you have chosen Yes for Would you use the dog park to exercise your dog/s

What time would you most likely use the dog park?

(Choose any 3 options) (Required)

- ☐ Before 9 am
- ☐ Between 9 am and 12 noon
- ☐ Between 12 noon and 5pm
- ☐ After 5pm

Please rate the importance of each element listed below, for the development of a dog park in Strathalbyn:

(1 being the most important and 7 least important)

(Rank each option) (Required)

- Cleanliness
- Location
- Park Amenities (bins, shelter, seating areas, dog waste bag dispenser)
- Park Maintenance
- Safety
-

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- ☐ Shade
- ☐ Other (please specify details in next questions)

Please specify "Other" important elements you would like to see at the dog park below:

Note: This question can be left blank if you have no additional elements to those listed above

Do you have any concerns?

(Choose all that apply)

- ☐ Yes
- ☐ No

Answer this question only if you have chosen Yes for Do you have any concerns?

Please provide your comments regarding your concerns below:

Please provide any further feedback below: