

No Show/Late/Cancellation Appointment Policy

Our aspiration is to provide quality veterinary care in a timely manner to our clients and their pets. In order to provide gold standard care to as many ill patients in need of treatment as possible, it is necessary that our clients understand and abide by our appointment policy. The following protocols have been discussed at depth with our management team to make certain we are conducting a fair-minded policy with our clients. We greatly appreciate your understanding and cooperation.

New Clients:

New clients are required to leave a deposit of an exam fee cost. In the event that this client “no-shows” a scheduled appointment, the exam deposit will be forfeited. If the client requests to re-schedule, they will be asked to pay an exam fee upfront at time of scheduling.

Cancellation of Appointments:

If you are unable to make your scheduled appointment time, we ask that you call to cancel a minimum of 24 hours in advance. This allows us to reallocate our time to another pet who needs care. Please leave a voicemail if you need to cancel during non business hours.

No Show Appointment Policy:

Not showing up to your pet’s scheduled appointment or arriving more than 15 minutes late without notification is considered a “no-show” appointment. A client who “no-shows” their scheduled appointment will be charged the cost of an exam to their account. This fee is required to be paid in order to schedule your pet’s next appointment and or refill medications.

Surgery Appointment Cancellation and No-Show Policy:

A surgery deposit of \$100 will be required to schedule a procedure. All surgery appointments canceled less than 7 days of the procedure date will forfeit their surgery deposit.

We understand that emergencies and important obligations can arrive unexpectedly. Please communicate with us and we will do our best to work with you. Please keep in mind that the purpose of these changes are to ensure we are utilizing our staff and DVM’s time efficiently to provide gold standard care to as many patients in need as possible. We greatly appreciate your understanding and cooperation.

Print Name: _____

Signature: _____

Date: _____