

Havelock Animal Hospital

Cancellation and Missed Appointment Policy

Our goal is to provide quality individualized veterinary care in a timely manner. We would like to notify you of our office policy regarding missed appointments. This policy enables us to better utilize available appointments for our patients in need of medical care.

Cancellation of an Appointment:

We understand that occasional missed appointments can occur for a variety of reasons. Please call Havelock Animal Hospital promptly if you are unable to keep your scheduled appointment. This time will be reallocated to someone who needs treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance.

How to Cancel Your Appointment:

To cancel appointments, please call 252-447-7119. You may leave a message on voicemail if applicable.

We will not accept text or e-mail cancellations.

Late Cancellations/Missed Appointment Policy:

If you **miss an appointment or fail to cancel with 24 hours advance notice** of your appointment time, a \$25.00 fee will be applied to your account. Surgery appointments will be charged a \$100.00 fee. This fee will go towards the rescheduled surgery appointment. In the event the same surgery appointment is missed for a second time, the \$100.00 fee is non-refundable. Clients who are ten (10) or more minutes late to their scheduled appointment, and still want to be seen, will be assessed an urgent care fee in addition to the doctor's exam fee.

ALL CLIENTS WILL BE ASKED TO SIGN THE FOLLOWING:

Cancellations, Late Arrivals and Missed Appointments

Appointments cancelled with less than 24 hours' notice, as well as no-show appointments, are subject to a cancellation fee of \$25.00. Cancellation fees must be paid prior to scheduling your next appointment. Repeated cancellations will require full payment of expected fees when the appointment is scheduled.

Initials: ____ By initialing, I agree that I have read and understand the above policies.

Financial

Payment is due the date of service in the form of cash, Visa, Mastercard, AMEX, Discover or CareCredit. Checks are only accepted when the client's social security number is on file.

Initials: ____ By initialing, I agree that I have read and understand the financial policy.

Refill Requests

Our office requires 24-hour notice for prescription refills and/or requests. Special request orders require 7 days' notice.

Initials: ____ By initialing, I agree that I have read and understand the refill requests policy.

Print Name: _____ Signature: _____

Date: ____/____/____