

Church Hill Animal Hospital - 322 N. 25th Street Richmond, Virginia 23223

(804) 644 – 8200

PLEASE READ CAREFULLY BEFORE SIGNING

Cancellation and Missed Appointment Policy

Our goal is to provide quality individualized veterinary care in a timely manner. We understand that sometimes you do need to cancel or reschedule, HOWEVER, when we are not given 24-hour notice you could be preventing us from scheduling another patient and preventing another patient from receiving much needed treatment. We would like to remind you of our office policy regarding missed appointments and appointments canceled without 24 hours' notice. **If you must cancel, we require a call or email AT LEAST 24 hours in advance.** This policy enables us to better utilize available appointments for our patients in need of medical care.

Cancellations, Late Arrivals and Missed Appointments

Due to an increasing number of “no-shows” and same day cancellations along with a high demand for our services, appointments cancelled with less than 24 hours' notice, as well as no-show appointments, are subject to a cancellation fee and future appointment deposits. Cancellation fees require payment within 30 days or at the next scheduled appointment, whichever is earlier. If two (2) no-shows occur in a row or in a calendar year, we will require a deposit of \$75 due at the time the appointment is scheduled. This deposit will be put toward the exam fee on the day of the appointment or will be utilized as a cancellation fee if the scheduled appointment is missed.

Appointments that are late arrivals will be shortened to meet the scheduled completion time unless time is available to enable an extension.

Initial: _____ By initialing I agree I have read and understand the above policies.

Financial

Payment is due the date of service in the form of cash, check, Visa, Mastercard, Discover or American Express. Delayed payments are subject to a \$10/month fee. Returned checks will acquire a \$50.00 processing fee. In the event this account is turned over for collection, the owner/agent is responsible for fees in the amount of 35% of the outstanding balance in addition to the outstanding balance itself.

Initial: _____ By initialing I agree I have read and understand the above policies.

Refill Request

Please note that we do ask for 48 working hours for all refill requests. If your patients' refill is urgent, we will do our best to refill your request within a timely manner.

Initial: _____ By initialing I agree I have read and understand the above policies.

Printed Name: _____ Signature: _____ Date: _____