

## Appointment Cancellation/No Show Policy

Thank you for trusting your pet's medical care to Bennett Road Animal Clinic. When you schedule an appointment with Bennett Road Animal Clinic we set aside enough time to provide your pet with the highest quality care. Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This give us time to schedule other clients who may be waiting for an appointment. Please see our Appointment Cancellation/No Show Policy below:

- **Effective June 12, 2023**, any established client who fails to show or cancels/reschedules an appointment and has not contacted our office with **at least 24 hours notice** will be considered a No Show and charged a **\$25.00 fee**.
- Any established client who fails to show or cancels/reschedules an appointment with no 24 hour notice a **second** time will be charged a **\$50.00 fee**.
- Any established client who fails to show or cancels/reschedules a **surgery or dental** appointment with no 24 hour notice will be charged a **\$100 fee**.
- If a **third** No Show or cancellation/reschedule with no 24 hour notice should occur the client may be **dismissed** from Bennett Road Animal Clinic.
- Any new client who fails to show for their initial visit will not be rescheduled.
- The fee is **due prior to the client's next scheduled appointment**.

As a courtesy, when time allows, we make reminder calls for appointments. If you do not receive a reminder call or message, the above Policy will remain in effect.

We understand there may be times when an unforeseen emergency occurs and you may not be able to keep your scheduled appointment. If you should experience extenuating circumstances we may be able to waive the No Show Fee. You may contact Bennett Road Animal Clinic 24 hours a day, 7 days a week at **517-349-2277**. Should it be after regular business hours Monday Through Friday, or a weekend, you may leave a message.

**I have read and understand the Appointment Cancellation/No Show Policy and agree to its terms.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

