Heartland Animal Hospital
Dr. Kortney Reddick D.V.M

Cancellation/No Show Policy:

Our goal is to provide quality medical care for your pet(s) in a timely manner. In order to do so we have had to implement an appointment cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care. To be respectful of the medical needs of all patients, please be courteous and call the office *promptly* if you are unable to attend an appointment for **ANY** reason. This time will be reallocated to someone who is in urgent need of treatment. This is how we can best serve the needs of all our patients.

How to Cancel Your Appointment:

If it is necessary to cancel your scheduled appointment we require that you **call by 10am, ONE working day in advance**. For dental/surgical procedures we ask for **48 hours' notice**. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. **To cancel appointments please call 863-465-7387**. If you do not reach a receptionist, you may leave a detailed message on the voicemail. You may not cancel via email.

No Show Policy:

A "no show" is someone who misses an appointment without cancelling within the appropriate time frame mentioned above. No-shows inconvenience those individuals who need access to medical care in a timely manner. Failure to be present at the time of a scheduled appointment will be recorded in the patients record as a "no show."

Late Cancellations:

Late cancellations will be considered as a "no show."

No Show & Late Cancellation Fees:

- ❁ Missed Appointments: $25 per patient
- ❁ Missed Dental/Surgical Procedure: $25 per patient

Multiple missed appointments/cancellations may result in a prepayment of your appointment.

Please understand that we have created this policy out of respect for those clients who are waiting to have their pets be seen.

I have read and agree to the terms in **Heartland Animal Hospital's Cancellation/No Show Policy**.

Signature: _____

Date: _____