



Scheduling Policy at Sanatoga Animal Hospital

We here at Sanatoga Animal Hospital are strongly committed to caring for as many patients in a day as possible, however there are only so many hours in a day. When one client abruptly cancels an appointment, another patient has also missed an opportunity to be seen. If our staff is given adequate notice, we can fill that appointment slot in order to help another patient in need. Please call us as soon as possible when you realize you cannot make it to your appointment and please reschedule with us. We would be happy to help you. Please be advised that clients must notify our staff at least 48 business hours in advance to cancel or reschedule an appointment in order to avoid being charged. All missed appointment or late cancellation/rescheduling fees will be at the discretion of management at Sanatoga Animal Hospital.

- First missed appointment without notification 48 business hours prior will result in a \$30 fee, due before next appointment. Before appointment can be rescheduled, \$30 fee must be paid off and a deposit of \$30 should be given for the rescheduled appointment.
- Second missed appointment without notification two business days prior will result in a \$50 fee, due before next appointment. Before appointment can be rescheduled, \$50 fee must be paid off and a deposit of \$30 should be given for the rescheduled appointment.
- Third missed appointment without notification two business days prior will result in a potential discharge from Sanatoga Animal Hospital at the discretion of management.
- **Appointments for surgical procedures or appointments under sedation require a notice of 72 business hours to cancel/reschedule.** If an appointment for a procedure or appointment-under-sedation is cancelled/rescheduled without adequate notice of 72 business hours, any deposits given will be retained as a missed appointment fee and a new deposit will be required accordingly for rescheduling the procedure.

My signature below affirms that I am the person financially responsible for my account for my pet(s) at Sanatoga Animal Hospital. If I am not the official owner of the pet(s) I confirm that I am signing as an agent of the official owner and I have the authority to confirm the owner's financial responsibility for their account at Sanatoga Animal Hospital. I agree that I have read and understood the above statement and I agree to the terms of the scheduling policy at Sanatoga Animal Hospital. I have had the opportunity to ask questions regarding the cancellation policy. I promise to fulfill all financial obligations to Sanatoga Animal Hospital.

Signature of client or agent of client

Date

Printed Name of client or agent of client