



*Acupuncture, Chiropractic
Herbal & Nutritional Medicine*



MISSED/CANCELLED APPOINTMENT POLICY

I, _____, UNDERSTAND THAT FAILURE TO KEEP MY APPOINTMENT OR PROVIDE HILLSDALE ANIMAL HOSPITAL WITH 24 HOUR NOTICE OF CANCELLATION WILL RESULT IN MY CREDIT CARD BEING CHARGED THE FULL NEW CLIENT APPOINTMENT FEE OF \$150.

ONCE ESTABLISHED AS A CLIENT OF HILLSDALE ANIMAL HOSPITAL, THE REGULAR CANCELLATION POLICY FEE OF \$25 WILL APPLY.

Signature

Date