

*Handsboro Animal Hospital*  
*1445 E. Pass Road*  
*Gulfport MS 39507*  
**228-896-3613**

**Missed Appointment Policy**

Our goal is to provide quality individualized medical care in a timely manner. No-shows, late shows and cancellations inconvenience those individuals who need access to veterinary care. We would like to advise you of our policy regarding missed appointments.

A missed appointment is when you fail to show up for an appointment without a phone call, or cancel without at least **24-hour notice**. You are responsible to remember your appointment. Below, our missed appointment policies are outlined.

**Cancellation of an Appointment**

In order to be respectful of the medical needs of other patients, please be courteous and call our office promptly if you are unable to show up for an appointment. This time will be reallocated to someone who is in need of treatment. If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance. Appointments are in high demand, and your early cancellation will allow another patient access to timely veterinary care.

**How to Cancel Your Appointment**

To cancel your appointment, please call 228-896-3613. If you do not reach the receptionist, you may leave a detailed message on our voice mail. If you would like to reschedule your appointment, please leave your name and phone number. We will return your call promptly.

**Late Cancellations**

A cancellation is considered to be late when the appointment is cancelled without a 24 hour advance notice.

**Appointment No Show Policy**

A "no-show" is a client who misses an appointment without cancelling it. A failure to be present at the time of a scheduled appointment will be recorded in the patient's chart as a "no-show". This includes arriving 15 minutes after your scheduled appointment.

The first time there is a "no-show" or late cancellation there will be a \$22.50 fee. A 2nd occurrence will result in you being charged the cost of an office visit (\$45). The 3rd occurrence will result in you being charged the cost of an office visit (\$45) and the client may be discharged from the practice.

**Surgery Appointment No Show Policy**

A surgery "no-show" is a client who misses a surgery appointment without providing 24 hours notice of cancellation. The first time this occurs there will be a \$50.00 fee. At the second missed surgical appointment you will be charged a missed appointment fee of \$100. If a third incident of a missed surgical appointment occurs you will be charged a missed appointment fee of \$100 and may be discharged from the practice.

I understand and agree to the above policies.

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**Client Signature**

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**Date**

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**No Show Policy/Credit Card Authorization Agreement**

I understand that I must cancel appointments within 24 hours before the scheduled appointment time. If I fail to notify the office with an answered phone call before that time, I agree that you will charge my credit card listed below a no-show/no-cancel fee.

In the event, I do not show and cancel an appointment accordingly, I hereby authorize you to charge my credit card listed below.

**Credit Card Number:** \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Vcode(Security Code):** \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Decline Credit Card Authorization?**

If you decline to add a credit card to your file for the no show/cancel fees then you must provide the following information below. This information will be used if you fail to pay any balances owed and if your account needs to be sent to collections.

**Copy of Driver's License**

**Date of Birth:** \_\_\_\_\_

**Best Contact Phone Number:** \_\_\_\_\_

**Secondary Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I understand the No show/Cancel policy and I decline adding a card on file. I have provided the information needed above. I understand if I fail to pay any balances owed, I may be subject to be sent to collections.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date