



8357 Snouffer School Road
Gaithersburg, MD 20879
301-977-5586
301-990-6457 Fax
GoshenAc.Com

Client (Owner) Name: _____

Co-Owner or spouse name: _____

Address: _____

Email Address: _____

Contact phone numbers

(Please place the primary number for us to contact you in the first line)

- 1. _____ home/work/cell
- 2. _____ home/work/cell
- 3. _____ home/work/cell

How did you hear of us? Online Yellow pages Pet Lovers Companion Sign
_____ Friend we may thank

Financial Responsibility Agreement:

I understand that payment is expected at the time services are rendered unless prior arrangements have been made. I further understand that if any balance due GAC is not paid within 60 days of being incurred that I will be responsible not only for the balance due but also a \$15.00 monthly billing fee as well as for any collection and/or attorney fees spent in the attempt to collect this debt after 90 days of being incurred. I understand that a \$35.00 fee will be assessed for all returned checks.

Print name

Signature

Date

CANCELTATION POLICY Effective May 2013

Our goal at Goshen Animal Clinic is to provide the highest quality medical care for your pet. In order to do so, we have implemented a tight appointment schedule to get all our patients seen in a timely manner. Unfortunately, our busy schedule has forced us to implement a no-show policy. The no-show policy enables us to better utilize available appointments for our patients in need of medical or injury care.

In order to be respectful of the medical needs of all patients, please be courteous and call the hospital promptly if you are unable to keep a scheduled appointment. This time will be reallocated to someone who is in urgent need of treatment.

If it is necessary to cancel your scheduled appointment, we ask that you call at least 12 hours prior to scheduled appointment. Appointments are in high demand, and your early cancellation will give another person the possibility to have access to timely medical care. To cancel please call 301-977-5586, if after hours please leave a message.

A no show is someone who misses an appointment without canceling prior to the appointment time. No shows inconvenience those who need medical care in a timely manner.

A failure to be present at the time of a scheduled appointment will be recorded in the patients chart as a no show. If there is a record of 2 no shows, a \$35.00 fee will be billed to the account. Future services may be withheld until this fee has been paid.

A record of 3 no shows will require a deposit/payment up front for an office visit when scheduling an appointment. Thank you.

Signature: _____ Date: _____