

**Agreement Regarding the Consequences of Non-Appearance at an Agreed-upon Surgical Appointment or Late Appointment Cancellation**

ZENTRUM FÜR TIERZAHNHEILKUNDE



Between

**Zentrum für Tierzahnheilkunde – Die Tierarztpraxis  
Dr. Alexander Hendricks  
Wüstrathstraße 10  
47829 Krefeld**

and

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pet owner (name and address)

the following agreement is made:

Mr./Ms. \_\_\_\_\_ is aware that the treatment appointment is personally scheduled for him/her, and that the agreed-upon time is exclusively reserved for him/her, and in the event of a non-appearance, an alternative appointment cannot be arranged.

For this reason, Mr./Ms. \_\_\_\_\_ agrees to make a payment as compensation, if he/she does not appear for this appointment or does not cancel it in a timely manner. A cancellation is considered timely if it occurs at least 24 hours before the agreed-upon appointment. The obligation to pay a cancellation fee is waived if Mr./Ms. \_\_\_\_\_ was unable to cancel the appointment in a timely manner for reasons beyond their control.

The cancellation can be made by phone, in writing, by letter, fax, or email. The compensation claim covers the costs that would have been incurred if the examination/treatment had taken place. Medications and consumables that have not been used in the event of non-performance of the examination/treatment will not be charged.

Date \_\_\_\_\_

Signature \_\_\_\_\_