



## *Appointment Cancellation Policy*

*Dear Client,*

*Zapps strives to render excellent care to you and the rest of our clients. Your care and treatment is a priority for us. We also ask that you respect your specialist's time and expertise. In an attempt to be consistent with this, we have a Cancellation Policy that allows us to schedule appointments for our clients, concerning your time, the next client's time, and the specialist's time.*

*Our policy is as follows:*

*We request that you give notice no less than **24 hours before** your scheduled appointment if you can't make it. Missing an appointment without contacting us is considered a missed or "No-show" appointment. Additionally, if you are more than 15 minutes late for an appointment, it **MAY** be considered a "No Show" appointment and need to be rescheduled.*

*A \$50.00 non-refundable booking fee will be made at the time of scheduling your appointment and will be taken off of the total cost.*

*If you have any questions regarding this policy, please let us know and we will be happy to clarify.*

I have read and understand the Appointment Cancellation Policy, and I agree to be bound by its terms. I am aware that my credit card will be charged for any missed/No-show appointments and I agree to these terms.

I have received a copy of the Cancellation Policy.

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

Technician's Signature: \_\_\_\_\_