

CONSUMER RETURN FORM

| RETAILER INFORMATION | RETAILER INFORMATION |
|---------------------------------|---------------------------------|
| Date: / / Employee: | Date: / / Employee: |
| Store Name: | Store Name: |
| Account #: | Account #: |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Phone: | Phone: |
| Email: | Email: |
| CUCTOVAED INTODIA ATION | CUCTON (ED INFODMATION) |
| CUSTOMER INFORMATION Name: | CUSTOMER INFORMATION Name: |
| | |
| Address: | Address: |
| City: State: Zip: | City: State: Zip: |
| Phone: | Phone: |
| VENDOR INFORMATION | VENDOR INFORMATION |
| Vendor Name: | Vendor Name: |
| Product Description: | Product Description: |
| UPC: | UPC: |
| Reason for return: | Reason for return: |
| Pet refused to eat Pet got sick | Pet refused to eat Pet got sick |
| Allergy issue Other | Allergy issue Other |
| Lot Code: | Lot Code: |
| Best by Date: | Best by Date: |
| | |
| | |
| ATTACH UPC HERE | ATTACH UPC HERE |
| | |

*Credit will not be issued without UPC attached!

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