



CVS House, Owen Road, Diss, Norfolk
 IP22 4ER
 www.mipet.com

For MiPet Use Only	
Returns No.	<input type="text"/>
Return Agreed (Y/N)	<input type="text"/>
Date received	<input type="text"/>
Form input by (Initial)	<input type="text"/>
WQP Signature	<input type="text"/>

MiPet Products Return Form

PLEASE NOTE WE WILL NOT ACCEPT RETURNS OF POM-V MEDICINES UNLESS THEY HAVE BEEN SENT IN ERROR OR ARE DAMAGED.

PLEASE COMPLETE ALL SECTIONS WHERE APPLICABLE

Order Date:/...../..... MiPet order reference No:

Name of Practice:..... Address:.....

Email Address:..... Telephone:.....

Description	Product Code	Qty	Return (please tick)	Reason Code (see below)

- | | | |
|-------------------------------|------------------------------|----------------------------|
| 1. Received incorrect product | 2. Parcel damaged on arrival | 3. Defective/damaged goods |
| 4. Other (please state below) | | |

Comments:

Date Completed:..... Print Name:.....
 Signature..... Position:.....
 by signing this I can confirm that all products being returned have been kept under the conditions stipulated in the SPC