

VETiONX[®] RETURN FORM

This return form must be enclosed for credit.

Name *Phone*

Address

City *State* *Zip Code*

Country *Order # (Located top right of packing slip)*

RMA#

Signature

Product being returned:

Reason for return:

To assist our processing center. Please answer the question below:

To your knowledge, since receiving the product, has the product been in the possession of anyone other than you or your household? *(Circle one)* Yes No