

Consumer Return Form

Retailer Information

Date / / Employee _____

Store Name _____

Account Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Customer Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email _____

Vendor Information

Vendor Name _____

Product Description _____

UPC _____

Reason for return:

- Pet refused to eat Pet got sick
 Allergy issue Other _____

Lot Code _____

Best By Date _____

ATTACH UPC HERE!

**Credit will not be issued without UPC attached!*

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