Paws-itively Purr-fect Nutrition

31 Town Forest Road - Oxford, MA 01540 Ph: 508-764-3672 Fax: 508-425-6591

Consumer Product Return Form

(** MUST BE FULLY COMPLETED FOR CREDIT **)

Store Name:		
Consumer Name:		Phone #
Consumer Address:		
Product Returned:	Size / Weight	Date / Lot Code:
Reason For Product Return:		
Please attach LIPC or Empty Conta	iner as nor Manufacturer or PDN Requirements	Incomplete forms will be rejected and returned.
riease attach or cor Empty conta	ner as per manufacturer of FFN Requirements,	incomplete forms will be rejected and returned.
Consur	aws-itively Purr-fect N 31 Town Forest Road - Oxford, M Ph: 508-764-3672 Fax: 508-425 ner Product R ** MUST BE FULLY COMPLETED FOR	eturn Form
Store Name:		
Consumer Name:		Phone #
Consumer Address:		
Product Returned:	Size / Weight	Date / Lot Code:
Reason For Product Return:		Incomplete forms will be rejected and returned.