

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.

For MiPet Use Only				
Returns No.				
Return Agreed (Y/N)				
Date received				
Form input by (Initial)				
WQP Signature				

PLEASE COMPLETE ALL SECTION:	S WHERE APPLICAB	LE				
Order Date:// N	MiPet order reference	No:				
Name of Practice:						
Name of Practice: Address: Address:						
Frank Address						
Email Address: Telephone: Telephone:						
Description	Product Code	Qty	Return (please	Reason Code		
Description	Troudor Godo	Giy	tick)	(see below)		
Received incorrect product	2. Parcel damaged	on arrival	3. Defective/dar	maged goods		
4. Other (please state below)						
4. Other (please state below)						
Comments:						
Date Completed:		Print Name:				
Date Completed		The raino				
Signature			n:			
by signing this I can confirm that all pro	paucts being returned have	been kept	under the conditions stipu	lated in the SPC		

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