

# Returns Form



Please complete and include the below form with any returns making sure to package the goods securely to avoid damage in transit. We are only able to process returns that are submitted with a completed form. Once we review your information, we will contact you with further details. All returned goods must be authorized by VetWelding and may incur a fee or not be accepted. Please see our terms and conditions on [www.vetwelding.com](http://www.vetwelding.com) for further information. It is the **sender's responsibility** to make sure items are **safely & securely packaged** for return.

## RETURN ADDRESS

VetWelding AG +41 (0) 41 530 70 99  
Wagistrasse 6  
8952 Schlieren info@vetwelding.com  
Switzerland www.vetwelding.com

## CUSTOMER INFORMATION

customer no.	customer email address
contact name	customer phone number
clinic or hospital name	date sent

## LIST OF PRODUCTS FOR RETURN

INVOICE NO.	REF NO.	DESCRIPTION	RETURNED QUANTITY	REASON FOR RETURN (SELECT CODE & PROVIDE DETAILS)	
				CODE	NOTES

(Please use a separate sheet to list further items)

### RETURN CODES

- Item(s) not needed (please provide details)
- Item(s) ordered in error (i.e incorrect item or too many)
- Item(s) not as expected (please provide details)
- Order incorrect (please provide details)
- Order correct but incorrect item(s) received
- Item(s) are on invoice but were not received or were shipped to the wrong address.
- Faulty item(s) (please give description of fault)
- Not pleased with product
- Other (please explain)

NOTES & COMMENTS
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*for Vetwelding use only*  
received by:

received date:

return no.: