

Iams® Consumer Return Form

**Consumer - Please complete the following
(PLEASE PRINT CLEARLY):**

Consumer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ email: _____

Product Name: _____ Product Size: _____

Reason for Return: _____

Retailer - Please complete the following:

Date of return: _____

Retail Name and Location (please use store stamp if available): _____

UPC code from returned bag: _____ Code Date: _____

Retail Signature: _____

Distributor name: _____



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