

## RevitaVet™ Repair Request Form Instructions:

1. Print and complete this form (Please print clearly)
2. Package the non-working component only. (call if not sure and include copy of original receipt)
3. Please include a check made out to RevitaVet for \$75.00 per item or call with credit card info.
4. Ship package to the following address:

RevitaVet Therapy Systems • 1920 E. Bell Road, Suite 1057 • Phoenix, AZ 85022, USA

Phone: 602-971-4353 or 602-513-1223 • e-mail: [tom@revitavet.com](mailto:tom@revitavet.com)

### Contact Information:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Territory: \_\_\_\_\_

Zip/Postal Code and Country: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Product Information

Model(s): \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Description of Problem: \_\_\_\_\_

\_\_\_\_\_

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