

Equipment Repair Return Advice

ACCOUNT NUMBER: _____

RETURNED FROM

DATE: _____

Clinic & Contact Name:

Address:

State:

Postcode:

Clinic Number:

Mobile Number:

Email:

Items and Accessories:

Serial No.

Model No.

Reason:

Please quote before repair: Yes (Quote fee will apply) No

Shipping to be arranged by Practice

Carrier:

Authorised

Job Number:
(office use only)

Please email your Equipment Repair Form
to: repairs@vetquip.com.au



A **covetrus**  Company

ATTENTION: VETQUIP REPAIRS

VETQUIP

Warehouse B

21 – 25 INTERCHANGE DRIVE

EASTERN CREEK NSW 2766

Ph: 1300 888 427