



V E T R I P H A R M

Withdrawal form

If you want to cancel the contract, please fill out this form and send it back to us.

To

VETRIPHARM GmbH
Gewerbestraße Süd 7
D-86857 Hurlach

Telefon 0 82 48 / 888 88-0
Telefax 0 82 48 / 888 88-99
info@vetripharm.de

Hereby I/we revoke from my/the concluded contract for the purchase of the following products:

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(Name of the products, if necessary order number and price)

Ordered on:

.....

(Date)

Received on:

.....

(Date)

Name, address of the customer, e-mail address (in case of electronic transmission)

.....

.....

.....

.....

.....

Date

.....

Signature customer

(Only if notified on paper, otherwise please enter your e-mail address for the confirmation e-mail.)