

PRODUCT CLAIM FORM N°..... / DATE:

CLIENT INFORMATION	
COMPANY NAME	
CONTACT NAME	
COUNTRY	

PRODUCT INFORMATION	
PRODUCT NAME	
LOT NUMBER	
EXPIRATION DATE	
PURCHASED FROM	

ISSUE DESCRIPTION									
<p style="text-align: center;">(please select)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">SPECIES</th> </tr> </thead> <tbody> <tr> <td style="width: 70%;">CAT</td> <td style="width: 30%;"></td> </tr> <tr> <td>DOG</td> <td></td> </tr> <tr> <td>HORSE</td> <td></td> </tr> </tbody> </table>	SPECIES		CAT		DOG		HORSE		<p><i>Please describe the issue: "no migration", "no control line", "weak line", "doubt on the result"</i></p> <p style="text-align: center; margin-top: 20px;">PLEASE SEND US BY EMAIL THE PICTURE OF THE RESULT AT contact@alvedia.com</p>
SPECIES									
CAT									
DOG									
HORSE									
<p style="text-align: center;">(please select)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">ANIMAL HEALTH STATUS</th> </tr> </thead> <tbody> <tr> <td style="width: 70%;">HEALTHY</td> <td style="width: 30%;"></td> </tr> <tr> <td>ILL*</td> <td></td> </tr> </tbody> </table>	ANIMAL HEALTH STATUS		HEALTHY		ILL*		<p><i>*Please describe the pathology:</i></p>		
ANIMAL HEALTH STATUS									
HEALTHY									
ILL*									

CLAIM PROCESS ANSWER	
DISTRIBUTOR	
MANUFACTURER	