



## Consumer Claim Form – Confirmation of Disposal for Pet Parents:

Dear Pet Parent,

Please complete the following information. If you have purchased these lots of Rad Cat Raw Diet from an online retailer, please contact that retailer for instructions on where to send proof of purchase and this form. *This claim form is **only** for lots associated with the recall notice.*

Your Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Store where product was purchased:

Name: \_\_\_\_\_ City/State: \_\_\_\_\_

### Pet Parent Claim:

Brand	UPC	Size	Lot Number	Best By Date	Qty Disposed	Disposal Date
Rad Cat Raw Diet Grass-Fed Beef	851536001241	8oz	62384	2/6/2017		
Rad Cat Raw Diet Grass-Fed Beef	851536001258	16oz	62384	2/6/2017		
Rad Cat Raw Diet Grass-Fed Beef	851536001265	24oz	62384	2/6/2017		
Rad Cat Raw Diet Grass-Fed Beef	Sample	1oz	62384	2/6/2017		
Rad Cat Raw Diet Grass-Fed Beef	851536001241	8oz	62361	1/8/2017		
Rad Cat Raw Diet Grass-Fed Beef	851536001258	16oz	62361	1/8/2017		
Rad Cat Raw Diet Grass-Fed Beef	851536001265	24oz	62361	1/8/2017		
Rad Cat Raw Diet Grass-Fed Beef	Sample	1oz	62361	1/8/2017		

Brand	UPC	Size	Lot Number	Best By Date	Qty Disposed	Disposal Date
Rad Cat Raw Diet Free-Range Chicken	851536001036	8oz	62416	3/14/2017		
Rad Cat Raw Diet Free-Range Chicken	851536001043	16oz	62416	3/14/2017		
Rad Cat Raw Diet Free-Range Chicken	851536001050	24oz	62416	3/14/2017		
Rad Cat Raw Diet Free-Range Chicken	Sample	1oz	62416	3/14/2017		
Rad Cat Raw Diet Free-Range Turkey	851536001005	8oz	62372	1/21/2017		
Rad Cat Raw Diet Free-Range Turkey	851536001012	16oz	62372	1/21/2017		
Rad Cat Raw Diet Free-Range Turkey	851536001029	24oz	62372	1/21/2017		

By my signature below I certify that I have disposed of affected products listed above in a safe manner in accordance with instructions listed in the recall notification, and I have attached appropriate proof of purchase information.

Pet Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Retailer Use Only:**

I certify that the above customer has made a valid claim and I have provided a refund to my customer.

Store Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit to your distributor for credit. Retailer signature is required for credit. Form must be complete to receive credit.**