VETERINARY ORTHOPEDIC IMPLANTS
A Movora Brand

deSoutter MEDICAL

DESOUTTER CAST SAW AND PNEUMATIC WARRANTY

Please Retain for Your Records

All deSoutter Power Equipment under sale of Movora and its subsidiaries is subject to the following terms:
From Date of Purchase, the following warranties are stated:

- deSoutter Electric Cast Saw CC4 ..... 1 Year
- deSoutter Pneumatic TPLO Saw DPX-170S ..... 1 Year
- deSoutter CC4S Electric TPLO Saw 1282774 ..... 1 Year
- Pneumatic Hose for DPX-170S ..... 1 Year

Movora and its subsidiaries hold the rights to exclude warranties based off of periodic maintenance and repair or replacement of parts due to normal wear and tear, improper care procedures and misuse of intended power equipment.

This Warranty is invalid if the factory applied serial number has been altered or removed from the equipment.

This Warranty does not cover:

- Cosmetic damages due to accident, misuse, abuse, negligence, commercial use or modification of any part of the equipment.
- Damage due to improper operation or maintenance, connection to improper voltage supply (if applicable)
- Attempted repair by any other party other than Veterinary Orthopedic Implants.

Repair and Refurbishment Warranty
All hand pieces and attachments will be returned to customer with a 90 day part and labor warranty starting on the date of completed repair. Proof of purchase in the form of a bill of sale or receipted invoice, which is evidence that the equipment is within the Warranty period, must be presented to obtain Warranty service.

Warranty on all deSoutter Power Equipment is VOID for the following reasons:

- Improper care
- Improper use
- Damage from dropping

Refer to your deSoutter Care and Maintenance manuals received upon purchase to ensure your warranties are valid. Your Customer Account Specialist will set a date to go over the care and maintenance of your equipment. Please make yourself available on the date discussed.

Read further for specific dates and signature authorizations.
Your date of purchase for the power equipment below was sold to you on Sales Order#_____

Hand piece(s) QTY:_____

Attachment(s) QTY:_____

Battery(ies) QTY:_____

Charging Station(s) QTY:_____

DVM Authorized Signature: _____ Date:_____

Office Administrator Authorized Signature:_____ Date:_____

Lead Surgical Technician Authorized Signature:_____ Date:_____

Movora Account Representative Authorized Signature:_____ Date:_____

For more information or questions regarding your warranty please contact repairs@movora.com