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|  Adverse Event Form**Date received at MA department:**  | **No: FA** **Staff initials:**  |

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| **1. Reporter** |
| Date report: |       |
| Reporter | [ ]  Veterinary practise[ ]  Consumer[ ]  Distributor[ ]  Manufacturer |
| Name reporter: |       | Position:      |
| Address |       |
| City: |       |
| Phone number |       |
| **2. Animal** |
|  |       |
| Name patient (animal and last name): |       |
| Animal species/breed/gender: | Species:     Breed:     Gender:      |
| Age: |       |
| Weight: |       |
| Physical condition (neutered, in foal etc:) |       |
| Condition(relevant medical history): |       |
| **3. Used product in adverse event** |
| Name product: |       |
| Concentration (if applicable): |       |
| Batch no: |       |
| Expiry date: |       |
| Doses, frequency: | Dose:       [ ]  ml / g[ ]  r / [ ]  tabs / [ ]  caps / [ ]  chew (mark what is applicable) Frequency:      |
| Date product used for first time: | Day:       Month:       Year:      |
| Date & Time last administration: | **(dose that caused the onset of the adverse event):**Day:       Month:       Year:      |
| Date and time onset adverse event: | Day:       Month:       Year:     Time event became visible:     (for example: 30 minutes after administration, or 2 days after administration) |
| Product continued after adverse event |  |
| [ ]  Yes, [ ]  No  |
| **YES** [ ]  **/ NO** [ ] **If yes, please specify below:** |
| Name product: |       |
| Registration holder: |       |
| Batch no: |       |
| Doses, frequency: |       |
| Date of administration: |       |
| Reason/ indication: |       |
| **5. Data concerning side effects** |
| Adverse event in **keywords** |       |
| Narrative |       |
| Adverse reaction treated with: | Date treated:     [ ]  None[ ]  Treatment stopped[ ]  Other (therapeutic) intervention:       |
| Response to corrective treatment:  |       |
| Outcome of adverse event: | Date of outcome:       [ ]  Recovered: [ ]  Stabilized with rest symptoms Description of rest symptoms: :     [ ]  Death[ ]  Other: |

**Signature reporter:** **Date:**