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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:**