Veterinary Medicines Directorate

Department for Environment, Food and Rural Affairs

Veterinary Medicines Directorate
FREEPOST KT 4503, Woodham Lane,
New Haw, Addlestone, Surrey KT15 3BR
Tel No: +44 (0)1932 338427 Fax: +44 (0)1932 336618

PHARMACOVIGILANCE UNIT: ADVERSE EVENT REPORTING FORM

This form should be completed in **BLOCK LETTERS** and sent to the FREEPOST address above whenever a suspected adverse reaction or lack of efficacy is observed in **animals** during or after the use of a veterinary medicine. Adverse reactions in animals following use of human medicines under the cascade can also be reported.
***Be green, report online! Search for* VMD *on* GOV.UK *and click on* Report an adverse event.**

All Reporters MUST complete this section

Name of product

Product number (on label)*

Batch number (on label)

**The product number is preceded by Vm or EU*

Name and address of the person sending this form to the VMD

Email Address:
Contact Tel No:

Date:

Reporter role (please circle): Owner / Vet / VN / SQP / Pharmacist

We ask for contact details so we can get in touch if more information is needed. **Your contact details will be kept confidential and will not be passed on to anyone outside the VMD without your permission.** While the VMD publishes information derived from these reports, it never includes the personal details of the people who made the reports. If you do not want us to contact you, please tick this box ☐

Has the product manufacturer been informed? YES ☐ NO ☐

Name and address of vet involved (if different from above)

Postcode:

Your reference (if any)

Details of animal suspected adverse events(s)

No. of animals treated on this occasion

No. of animals reacting or not responding

No. of deaths

Amount of product administered

Administered by (e.g. vet, owner)

Date administration started

Duration of administration

Site and route of administration

Previous use of product in this animal(s) YES ☐ NO ☐

Previous reaction / lack of efficacy to product by this animal(s) YES ☐ NO ☐

Date reaction / lack of efficacy observed	Species/Breed	Weight kg	Age	Sex(M/F)	Nature of reaction / lack of efficacy. **Include time of onset and duration of symptoms.** *Continue on a separate sheet if needed*

Details of any products given concurrently, including when they were given

Immediate treatment given (if any) and has animal recovered?

Previous vaccination history (if immunological product involved)

Reason for using product being reported.

Post mortem and/or laboratory tests:
Have any post mortems or relevant diagnostic tests been performed? YES ☐ NO ☐

If **YES**, please attach copies or forward to VMD in due course.

Comments:
If you have any comments or further information, please continue on a separate sheet.

Receipt of this form will be acknowledged.