



MiPet
 CVS House, Owen Road, Diss, Norfolk
 IP22 4ER
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 Email; enquiries@mipet.com
www.mipet.com

MiPet Use Only
Please complete in all cases

MiPet SAE Ref #

Date Received:

Date Acknowledged:

Form Completed By:

FORM-025-02

Animal

Human

Suspected Adverse Event Report

This form should be completed in **BLOCK LETTERS** and sent to the address above whenever a suspected adverse reaction is observed in animals or humans during or after the use of a veterinary medicine.

SECTION A. Please complete ALL sections below

Name of Product <input style="width: 100%;" type="text"/>		Name and Address of Reporting Practice (if given) <input style="width: 100%; height: 50px;" type="text"/>	
Product Number (on label*) <input style="width: 100%;" type="text"/>	Batch Number (If known) <input style="width: 100%;" type="text"/>		
<small>*Preceded by Vm or EU</small>			
MAH Holder <input style="width: 100%;" type="text"/>	Date MAH Holder informed <input style="width: 100%;" type="text"/>	Date reported <input style="width: 100%;" type="text"/>	Date of Adverse Event <input style="width: 100%;" type="text"/>
Expiry Date <input style="width: 100%;" type="text"/>	Client Details (if given) <input style="width: 100%; height: 40px;" type="text"/>		
Practice Ref (if any) <input style="width: 100%;" type="text"/>	Form completed by <input style="width: 100%;" type="text"/>		

SECTION B. Details of Animal or Human Suspected Adverse Reaction

*For Human SAE only fill in Sex, Age and Nature of reaction below:

Number of Animals treated: Number of Animals Reacting: Number of Deaths:

Administered by (e.g. vet, owner): Date of Administration (DD/MM/YYYY): Duration of Administration:

Site of Administration: Previous Use of the Product (Y/N): Previous Reaction to Product (Y/ N):

Date of Reaction	Species/Breed	Weight KG	Age	Sex M/F	Neutered	Nature of reaction including time of onset and duration of symptoms (continue on page 2 if necessary.)

Details of Products given concurrently (if any, including dosage and size):

Immediate treatment given (if any):

For Human Reaction only – please tick all that apply and continue in comments box below

Contact with Animal

Oral Ingestion

Topical Exposure

Ocular Exposure

Injection Exposure

Other (please indicate below:)

Please continue below if necessary: