

**MiPet**

CVS House, Owen Road, Diss, Norfolk
 IP22 4ER
 Tel; 01379 658042
 Email; enquiries@mipet.com
www.mipet.com

Animal	<input type="checkbox"/>
Human	<input type="checkbox"/>

For MiPet Use Only	
Adverse reaction no	<input type="text"/>
SAE file	<input type="text"/>
Date received	<input type="text"/>
Date acknowledged	<input type="text"/>

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.

Please complete ALL sections below

Name of Product

Product Number (on label*)

*Preceded by Vm or EU

Batch Number (If Known)

Expiry Date

Practice Ref (if any)

Name and Address of Reporting Practice (if given)

Date Reported

Client Details (if given)

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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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: