

Adverse Event Reporting Form

A. Patient Detail (Animal data)

Species:		Breed/production type:			
Sex		Physiological status:			
<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> pregnant	<input type="checkbox"/> neutered	<input type="checkbox"/> lactating	<input type="checkbox"/> other
Weight (kilogram):		Age:			
State of health at time of treatment:					
<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> critical	<input type="checkbox"/> unknown	<input type="checkbox"/> other
Reason(s) for treatment (prevention of what disease(s) or initial diagnosis) :					

B. Adverse Reaction Details

Adverse Reaction Term (s):	Onset Date: Date & Duration of Reaction:
Description of adverse events: (including all clinical signs, site of reaction, severity, with specific diagnosis, treatment and action taken):	
Outcome of the Event: <input type="radio"/> Recovered <input type="radio"/> Not Recovered <input type="radio"/> Recovered with sequelae <input type="radio"/> <input type="radio"/> Fatal <input type="radio"/> Unknown	
Lab test details (Report, if any):	

C. Drug Details

Name of the drug:		Strength:	
Indication:			
Batch No:		Expiry date:	
Dose and frequency:		Route and site of administration:	
Start date of treatment:	Stop date:	Who administered the product: <input type="checkbox"/> veterinarian <input type="checkbox"/> owner <input type="checkbox"/> other	
Use according to label:	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no, explain:
Action taken after reaction:	<input type="checkbox"/> drug withdrawn	<input type="checkbox"/> dose reduced	<input type="checkbox"/> other, explain:
Additional suspect drug (if any), details as above:			
Concomitant medications (provide with details):			

D. Veterinarian (If not the reporter)	
Name:	
Address: _	
Pin code:	
Tel no.:	
E. Reporter Details	
Name:	Occupation: <input type="checkbox"/> Animal Owner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other, specify:.....
Address:	Also reported to: <input type="checkbox"/> Regulatory authority <input type="checkbox"/> Distributor <input type="checkbox"/> None
Tel No:	Date: Signature:
Email:	
Send this report to	To be filled by Manufacturer
Regulatory & Pharmacovigilance Deptt, Zenex Animal Health India Private Ltd, 9 th Floor, N.G. Tower, Satellite Cross Roads Ahmedabad-380015, Gujarat, India Fax: 02717-6663727 or 079-26868687 Email: enquiry@zenexah.com	Date of received:
	Name & Sign of receiver
	Safety report ID
	Report type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow up, number:

Confidentiality: Customers identity will be held confidential and shall remain protected. Submission of a report does not constitute an admission that veterinary personnel or manufacturer or the product caused or contributed to the event.