Section 1932A

## FOLD, SEAL, AND RETURN

VETERIALARY ADV	VEDSE DOUG DEACT	TION I ACK OF	DATE REPORTED			
	VERSE DRUG REACT OR PRODUCT DEFE				: OMB No. 0910-0284 : January 31, 2010	
NOTE: This report is authorized by 21 U.S.C 352(a) and (f). While you are not required to report, your cooperation is needed to assure comprehensive and timely assessment of product labeling.						
If you do NOT want your identity disclosed to the manufacturer, place an "X" in this	1. VETERINARIAN'S NAME AND ADDRESS			2. OWNER'S NAME OR CASE ID (In Confidence)		
box.	TELEPHONE (Include Area Code)			3. NADA NUMBER (For FDA Use)		
4. SUSPECTED DRUG AND DOSAGE FORM 5. MANUFACTURER'S NAME						
6. DIAGNOSIS AND / OR REASO	ON FOR USE OF DRUG		7. ADMINISTERED BY  VETERINARIAN  OWNER			
8. DOSAGE ADMINISTERED AN	D ROUTE (Ex. 250 mg. q 12h,		9. DATE(S) OF A	DMINISTRATION		
10. SPECIES	11. BREED	12. AGE		13. SEX	14. WEIGHT LBS.	
15. CONCURRENT CLINICAL PROBLEMS  NONE  16. CONCURRENT DRUGS ADMINISTERED  NONE  OVERALL STATE OF HEALTH WHEN SUSPECTED DRUG GIVEN:  GOOD FAIR POOR CRITICAL						
17. REACTION INFORMATION						
a. TIME BETWEEN INITIATION OF THERAPY WITH SUSPECTED DRUG AND ONSET OF REACTION WAS b. TIME BETWEEN LAST ADMINISTRATION OF SUSPECTED DRUG AND ONSET OF REACTION WAS c. OUTCOME: RECOVERED FROM REACTION DIED FROM REACTION OTHER (Comment Below) d. WAS THE REACTION TREATED? NO YES (Comment Below) e. WHEN THE REACTION APPEARED, TREATMENT WITH SUSPECTED DRUG: HAD ALREADY BEEN COMPLETED WAS DISCONTINUED DUE TO REACTION WAS DISCONTINUED AND REPLACED WITH ANOTHER DRUG REACTION RECURRED						
WAS CONTINUED AT ALTERED DOSE  OTHER (Comment Below)  f. LEVEL OF SUSPICION THAT DRUG CAUSED THE REACTION: HIGH MEDIUM LOW						
18. DESCRIBE THE REACTION, POSSIBLE CONTRIBUTING I	FACTORS. DESCRIBE LACK (	OF EFFECTIVENESS OR PRO	ODUCT DEFECT (Includ			

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer 1350 Piccard Drive, 420A Rockville, MD 20850

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing the collections, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other sepect of this collection of information, including suggestions for reducing this burden to:

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## DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service Food and Drug Administration Rockville MD 20857

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Department of Health and Human Services Food and Drug Administration CVM-HFV-210 (0910-0012) 7500 Standish Place Rockville, MD 20855



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THANK YOU FOR SHARING YOUR CONCERN ABOUT ANIMAL DRUG EFFECTS

18. (Continued)					
FOR FDA USE ONLY					
1 D NAI 2 PR AI 3 PO AP 4 R AL 5 NC 6 T CR CONT	Confidentiality: The owner's identity is held in strict confidence by FDA and protected to the fullest extent of the law. The reporter's identity, including the identity of self-reporter, may be shared with the manufacturer unless requested otherwise. However, FDA will not disclose the reporter's identity in response to a request from the public, pursuant to the Freedom of Information Act.	COMMENT			