

## Pet Event Tracking Network (PETNet) Electronic Report

Case Number

Note: Items with an asterisk (\*) require a response.

| 1.) Pet Food Product Details  | Name of Pet Food*<br><i>(Please provide accurate name, check spelling)</i> | Product Form<br><i>(Select one)</i>  | Manufacturer   | Distributor/Packer |
|---|--|--|--|--------------------|
| <p><b>Add Row</b></p> <p><b>Delete Row</b></p> <p><i>(Dummy buttons on this proof form)</i></p>   |  | <input type="checkbox"/> Dry kibble <input type="checkbox"/> Pellets<br><input type="checkbox"/> Semi-moist <input type="checkbox"/> Liquid<br><input type="checkbox"/> Can <input type="checkbox"/> Treat<br><input type="checkbox"/> Pouch<br><input type="checkbox"/> Other <i>(Specify below)</i><br>_____ | <p><b>Designer note:</b> The word "Form" should be avoided in a form's title. Other options: <b>Pet Event Tracking Network (PETNet) Electronic Reporting Record</b> <b>Pet Event Tracking Network (PETNet) Electronic Reporting Report</b> (may be accurate, but seems redundant), or maybe simply <b>Pet Event Tracking Network (PETNet) Electronic Reporting</b></p> <p><i>The alternate form version using continuation pages would be used instead if the Add/Delete row function causes acute problems with "508 compliance" aspects of the form.</i></p> |                    |
| <p><b>Populate the table for one (1) or more products; use the Add and Delete buttons accordingly.</b><br/><b>Use one (1) row for per each product.</b></p> |  |  |  |                    |

2.) Species\* *(Select one)*

- Dog                       Rabbit  
 Cat                          Small Mammal  
 Caged Bird             Aquarium/Ornamental Fish  
 Reptile                    Other *(Specify):* \_\_\_\_\_

3.) Number of Animals Exposed\* *(Enter exact number, an estimate, or select unknown)*

Unknown

4.) Number of Animals Affected *(Enter exact number or an estimate)*

5.) Animal Life Stage\* *(Select all that apply)*

- Fetal                       Neonate                       Juvenile                       Adult                       Geriatric                       All ages                       Unknown

6.) Clinical Signs\* *(Select all that apply)*

- Gastrointestinal     Neurologic/Sensory     Musculoskeletal     Dermatologic     Pulmonary     Endocrine     Cardiovascular  
 Immunologic     Reproductive     Metabolic     Renal     Hepatic     Death     Other Clinical Sign  
 None

|  |   |
|--|---|
| <b>7.) Product Problem/Defect* (Select all that apply)</b><br><input type="checkbox"/> Foreign object in package/container <input type="checkbox"/> Nutrient excess<br><input type="checkbox"/> Package damaged <input type="checkbox"/> Error in formulation<br><input type="checkbox"/> Swollen package <input type="checkbox"/> Other contamination including chemical/toxic<br><input type="checkbox"/> Mold contamination <input type="checkbox"/> Unknown<br><input type="checkbox"/> Bacterial contamination<br><input type="checkbox"/> Nutrient deficient | <b>8.) Date of onset (mm/dd/yyyy)</b><br><br><b>9.) State* (May choose "Multiple States" or "Outside U.S." options)</b><br><i>We probably could duplicate the State listing, but we might also need to make a manual fill-in option for the visually impaired. Also, we're assuming that your information requirements, and not distrust of user ability, are what prevent you from asking user to simply type actual multiple States or actual non-U.S. countries.</i> |
|--|---|

|  |  |
|--|--|
| <b>10.) Data Origin (Select one)</b><br><input type="checkbox"/> Diagnostic lab <input type="checkbox"/> Reportable food registry<br><input type="checkbox"/> Private practitioner <input type="checkbox"/> Consumer complaint/report<br><input type="checkbox"/> Referral practice <input type="checkbox"/> State inspection<br><input type="checkbox"/> Veterinary college <input type="checkbox"/> FDA inspection<br><input type="checkbox"/> Manufacturer/Packer/Distributor/Retailer <input type="checkbox"/> Surveillance sampling | <input type="checkbox"/> Food testing laboratory<br><input type="checkbox"/> Veterinary diagnostic laboratory<br><input type="checkbox"/> Other (Specify below)<br><hr/> <i>Will remove above "(Specify below)" and entry space if not needed.</i> |
|--|--|

**11.) Are there any laboratory test results available to share?**  
 Yes       No

**12.) PETNet Member Contact Information**

|                     |                  |
|---------------------|------------------|
| a. First name       | b. Last name     |
| c. Telephone number | d. Email address |

    

Public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, 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 aspect of this collection of information, including suggestions for reducing this burden to the address to:

Department of Health and Human Services  
 Food and Drug Administration  
 Office of the Chief Information Officer  
 1350 Piccard Drive, Room 400  
 Rockville, MD 20850

Please do NOT return this form to this address.

*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.*

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## INSTRUCTIONS for Pet Event Tracking Network (PETNet) Electronic Report – FORM FDA 3756

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**General Instructions:** This form is to be used by Food and Drug Administration (FDA) employees and State government employees who are PETNet members to report suspected pet food-related illnesses in animals, as well as pet food product problems or defects.

This reporting system applies to pet food products. For the purposes of this form, pet food products include pet foods, pet treats, bones, chews, nutritional supplements, and liquid products intended for pet consumption. This reporting system does not include animal drugs.

**Case Number** – (automated process/no action necessary)

1. **Pet Food Product Details** – Provide as much information as possible about the product(s) in this report. Enter the name of the pet food, select product form, enter the pet food manufacturer, and the distributor/packer of the pet food. If unknown leave blank. Click the “add row” button on the left side of the screen to enter information for additional product(s). Repeat this process for each product.
2. **Species** – Select one (1) entry from among those listed. If you select Other, specify in the space provided. **Use one form per animal species.**
3. **Number Of Animals Exposed** – Enter the number or estimated number of animals exposed to product(s) listed in section 1. If no animal were exposed enter 0. If the number of animals is not known select Unknown.
4. **Number Of Animals Affected** – Enter the number or estimated number of animals affected.
5. **Animal Life Stage** – Select all that apply. If unknown, select Unknown.
6. **Clinical Signs** – Select all that apply. If no illness occurred select None.
7. **Product Problem/Defect** – Select all that apply. If unknown, select Unknown.
8. **Date Of Onset** – Use the drop down calendar or otherwise enter the date (in mm/dd/yyyy format) of onset of illness or the date the product problem/defect was first identified.
9. **State** – Select from the drop down menu the State where the incident was reported. Select the option of “Multiple States” if the incident covered more than one State or “Outside U.S.” if occurrence was outside U.S. borders.
10. **Data Origin** – Select one (1) entry from among those listed.
11. **Laboratory Test Results** – Indicate whether there are laboratory test results available to share.
12. **PETNet Member Contact Information**
  - a. & b. **First & Last Name** – Self-explanatory
  - c. **Phone Number** – Enter contact phone number for the PETNet member.
  - d. **Email Address** – Enter email address for the PETNet member.

**Submit by Email** – Click the Submit by Email button to send the completed form by email to PETNet on the FoodSHIELD web server.

**Print Form** – PETNet FORM FDA 3756 may be printed if desired.

We had to adjust some of this text to agree with the changes in the form format. Otherwise the basic info is the same as in the original.

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|---|--|--|--|--------------------|
|   |  | <input type="checkbox"/> Dry kibble <input type="checkbox"/> Pellets<br><input type="checkbox"/> Semi-moist <input type="checkbox"/> Liquid<br><input type="checkbox"/> Can <input type="checkbox"/> Treat<br><input type="checkbox"/> Pouch<br><input type="checkbox"/> Other <i>(Specify below)</i><br>_____ | <b>ALTERNATE PAGE 1</b><br>WITH CONTINUATION PAGE BUTTON AND<br>SAMPLE CONTINUATION PAGE |                    |
| <b>Populate the table for one (1) or more products; use the Add Continuation Page button for additional rows.<br/>Use one (1) row for per each product.</b> |  |  |  |                    |

(Dummy buttons  
on this proof form)

Add Continuation Page

2.) Species\* (Select one)

- Dog                       Rabbit
- Cat                         Small Mammal
- Caged Bird             Aquarium/Ornamental Fish
- Reptile                  Other *(Specify):* \_\_\_\_\_

3.) Number of Animals Exposed\* (Enter exact number, an estimate, or select unknown)

Unknown

4.) Number of Animals Affected (Enter exact number or an estimate)

5.) Animal Life Stage\* (Select all that apply)

- Fetal                       Neonate                       Juvenile                       Adult                       Geriatric                       All ages                       Unknown

6.) Clinical Signs\* (Select all that apply)

- Gastrointestinal     Neurologic/Sensory     Musculoskeletal     Dermatologic     Pulmonary     Endocrine     Cardiovascular
- Immunologic     Reproductive     Metabolic     Renal     Hepatic     Death     Other Clinical Sign
- None

| 1.) Pet Food Product Details | Name of Pet Food*<br><i>(Please provide accurate name, check spelling)</i> | Product Form<br><i>(Select one)</i>  | Manufacturer | Distributor/Packer |
|------------------------------|--|--|--------------|--------------------|
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|                              |  | <input type="checkbox"/> Dry kibble <input type="checkbox"/> Pellets<br><input type="checkbox"/> Semi-moist <input type="checkbox"/> Liquid<br><input type="checkbox"/> Can <input type="checkbox"/> Treat<br><input type="checkbox"/> Pouch<br><br><input type="checkbox"/> Other <i>(Specify below)</i><br>_____ |              |                    |
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Use the Add Continuation Page button for additional rows, or use the Return to Main Form button.

Add Continuation Page

Return to Main Form