

Sample Screen Shots for Pet Food Reports

The screenshot shows the 'Safety Reporting Portal' interface. At the top, there is a navigation bar with links for HOME, FAQs, RELATED LINKS, CONTACT US, FEEDBACK, and HELP. The main content area is titled 'Introduction' and includes a sidebar with a table of contents and a main text area with instructions and a form.

Introduction

Name: Pet Food Safety Report
ID: FPSR88015 (1)
Created: 03/04/2010

Introduction * = Required

You have chosen to submit a **Pet Food Safety Report** to the FDA. Please be advised that under 18 U.S.C. 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

This report has up to six sections. After you answer the questions on this page, you may complete the other pages in any order. The amount of time required to complete this report will vary depending upon the information you have to provide. As you complete each field, your responses are automatically saved. To submit this report, you must complete all required fields that are marked with a red asterisk.

Report Identifying Information

* Enter a title to help you identify this report

Please note, you must answer the following question before you can advance to another section of the report.

* What type of report are you submitting?

Adverse Event (a symptom, reaction or disease associated with the product)
 Product Problem (an observed or detected product issue or defect that has the potential to cause harm)
 Both

* Are you the animal owner? Yes No

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Safety Reporting Portal

Welcome Guest HOME FAQs RELATED LINKS CONTACT US FEEDBACK HELP

Name: Screen Capture - New Guest Report
ID: FPSR88015 (1)
Created: 03/04/2010

- Introduction
- Contact Information**
- Problem Summary
- Products
- Veterinarian Visits
- Attachments

OMB Approval Number: 0910-0645
OMB Expiration Date: 09/30/2012
[OMB Burden Statement](#)

Contact Information

***=Required**

Your Contact Information

***Do you prefer to remain anonymous?** Yes No

First Name

Last Name

***May the FDA contact you to follow-up, if necessary?** Yes No

***Preferred method of contact:**

Email
 Phone
 Address

***Email**

***Confirm Email**

Primary Phone

Other Phone

Country

Street Address Line 1

Street Address Line 2

City/Town

State

ZIP/Postal Code

Indicate any other parties that you notified about this issue

Store/Place of Purchase
 Distributor
 Manufacturer
 Other
 Unknown

Owner Information

***Can you provide contact information for the animal owner?** Yes No

First Name

Last Name

Email

Primary Phone

Other Phone

Country

Street Address Line 1

Street Address Line 2



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Problem Summary

***=Required**

Affected Animal Information

Number of animals given the product

For the following question , if more than one animal had a reaction, please submit additional reports for each animal.

***Number of animals reacted**

Animal Name/Identifier

***Species**

Age

Weight

Gender

- Female
- Male
- Mixed Population of Female and Male
- Unknown

***Reproductive status**

- Intact
- Neutered
- Mixed
- Unknown

***Was animal pregnant at time of event?**

- Pregnant
- Not Pregnant
- Mixed Population Pregnancy Status
- Spawning
- Laying
- Not Applicable
- Unknown

***Was animal lactating at time of event?**

- Lactating
- Not Lactating
- Mixed Population of Lactating and Non-Lactating
- Not Applicable
- Unknown

Prior to the event, what was the animal's overall state of health?

- Excellent
- Good
- Fair
- Poor
- Critical
- Unknown

Did the animal have any health problems and/or was taking medication prior to the event?

Yes No Unknown

Problem Description

***Describe what happened**

Problem Description

***Describe what happened**

***Date problem started**

Date of recovery

***Outcome to date**

- Recovered Completely
- Better/Improved/Recovering
- Stable
- Worse/Declining/Deteriorating
- Died Naturally
- Died Euthanized
- Died Unknown
- Not Applicable
- Unknown

[Exit](#) [Submit Report](#) [< Back](#) [Next >](#)

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Welcome Guest

HOME FAQs RELATED LINKS CONTACT US FEEDBACK HELP

Name: Screen Capture - New Guest Report
ID: FPSR88015 (1)
Created: 03/04/2010

Products

*=Required
 *Product Details

Name	UPC	Packaging	Size	UOM
Click on the Add button to add an item				

Exit Submit Report < Back Next >

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 OMB Burden Statement

Product Details

*Product Brand Name

Product Type

Package Type

Package Size

UPC from label

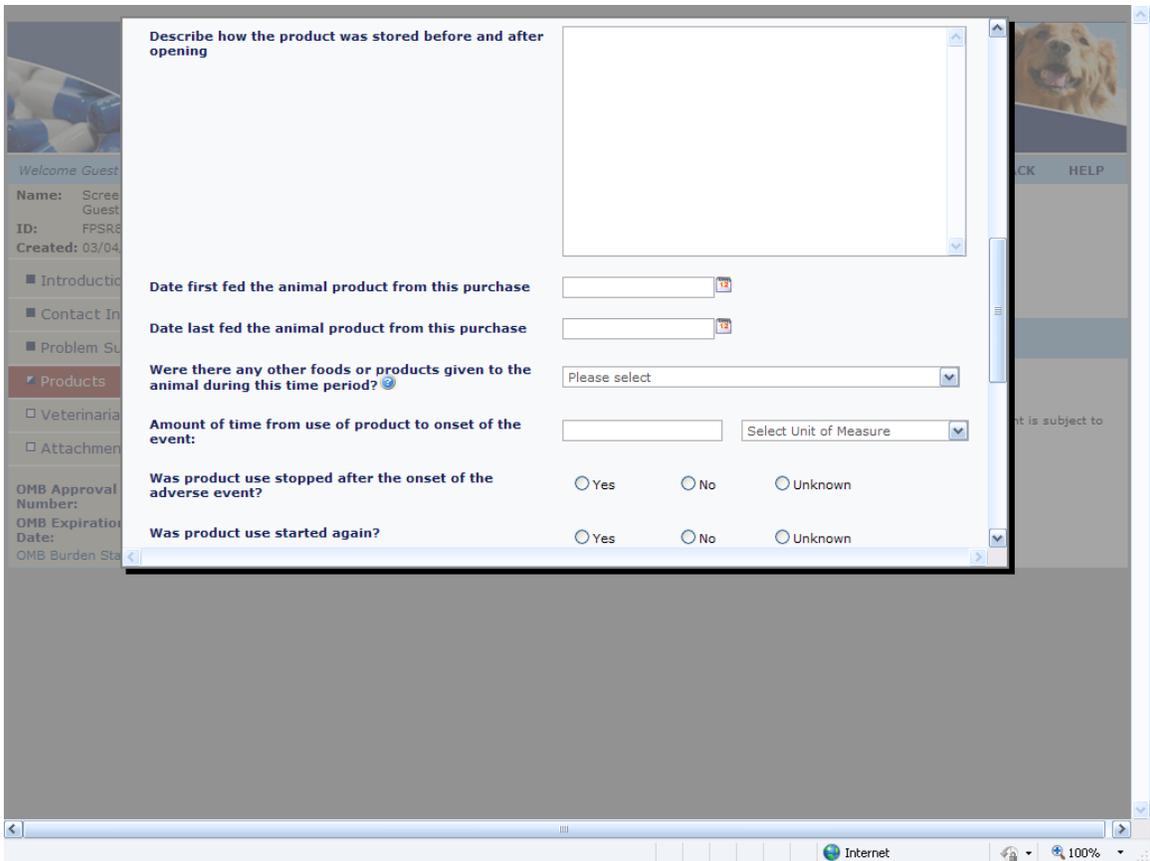
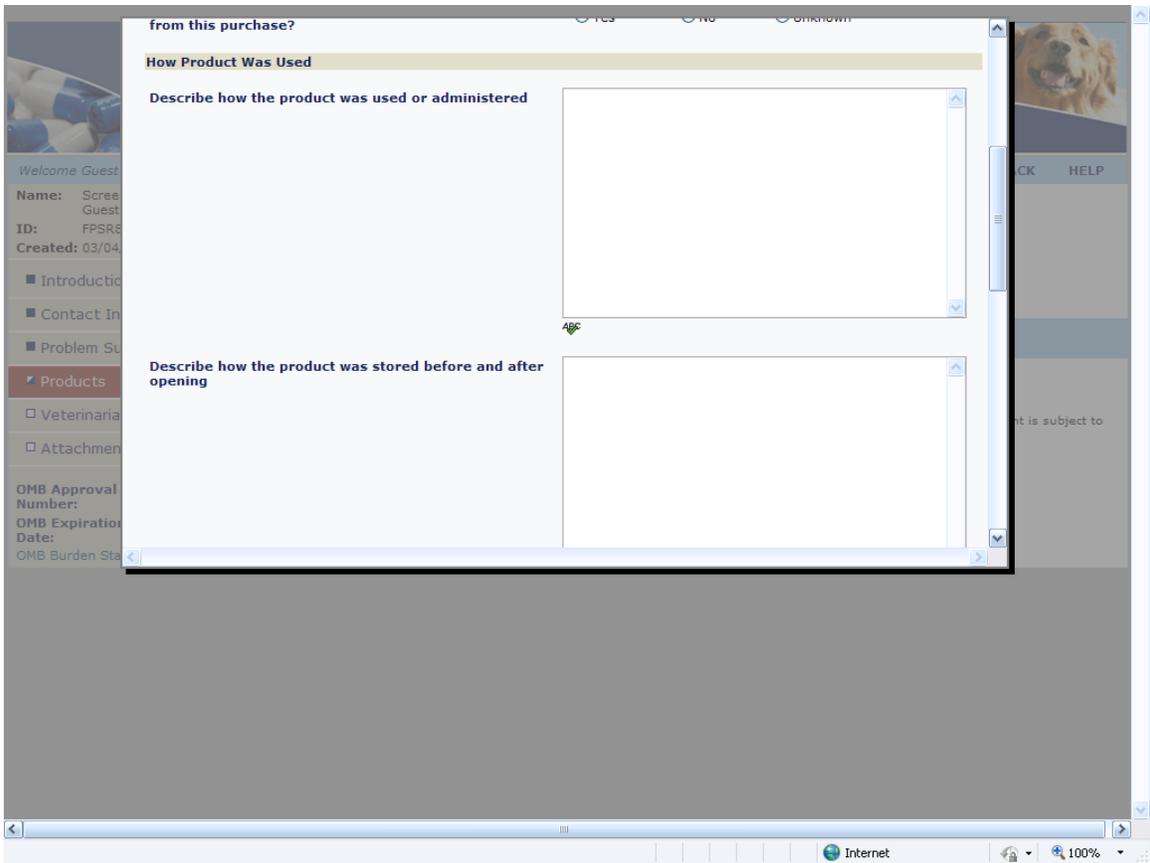
Date last purchased product (estimate if necessary)

Number purchased on this date

Do you have a package/container of unopened product from this purchase? Yes No Unknown

How Product Was Used

Describe how the product was used or administered



Was product use started again? Yes No Unknown

In your opinion, how likely is it that the use of the product is related to the adverse event?

Definitely related
 Probably related
 Possibly related
 Unrelated

Product Purchase Location

Store/place of purchase

Country

Street Address Line 1

Street Address Line 2

City/Town

State

ZIP/Postal Code

Welcome Guest
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Contact Information for Professional Consulted

Safety Reporting Portal

Welcome Guest HOME FAQs RELATED LINKS CONTACT US FEEDBACK HELP

Name: Screen Capture - New Guest Report
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Created: 03/04/2010

Veterinarian Visits

Was a veterinarian consulted? Yes No Unknown

***Veterinarian Information**

Name	Practice	Phone
Click on the Add button to add an item		

Buttons: Add, Edit, Delete

Buttons: Exit, Submit Report, < Back, Next >

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Veterinarian Information

*First Name:

*Last Name:

Veterinary Practice Name:

Street Address Line 1:

Street Address Line 2:

Country:

City/Town:

State:

ZIP/Postal Code:

Email:

*Primary Phone:

Veterinarian Type:

Street Address Line 1

Street Address Line 2

Country: Please select

City/Town

State: Please select

ZIP/Postal Code

Email

*Primary Phone

Veterinarian Type

- Primary/Regular Veterinarian
- Referred Veterinarian

Date first seen about adverse event:

Does this veterinarian have permission to release medical records to the FDA?

- Yes
- No

Save Cancel

Welcome Guest

Name: Screen Guest

ID: FPSR8

Created: 03/04

- Introduction
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- Problem Statement
- Products
- Veterinarians**
- Attachments

OMB Approval Number:

OMB Expiration Date:

OMB Burden Statement

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Attachments

***=Required**

File Name	Type	Description
Click on the Add button to add an item		

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Attach File

***File to attach**

***Description of Attachment**

***Type of Attachment**

