

## 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 metadata section.

**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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The sidebar on the left contains the following information:

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

The sidebar also includes a table of contents with the following items:

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

At the bottom of the sidebar, there is a section for OMB Approval Number: 0910-0645, OMB Expiration Date: 09/30/2012, and a link for OMB Burden Statement.



**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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- Introduction
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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

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**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 <b>Add</b> button to add an item				

Exit    Submit Report    < Back    Next >

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**Product Details**

\*Product Brand Name

Product Type

Package Type

Package Size

UPC from label

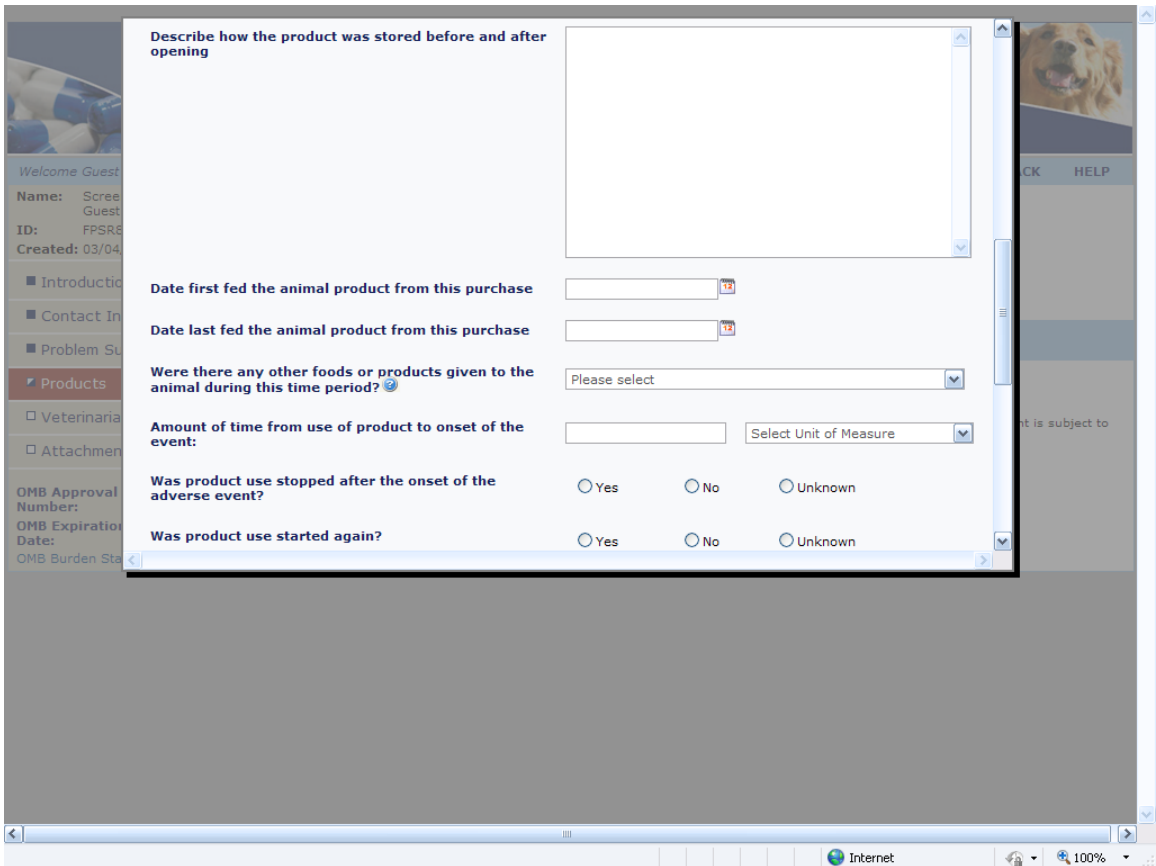
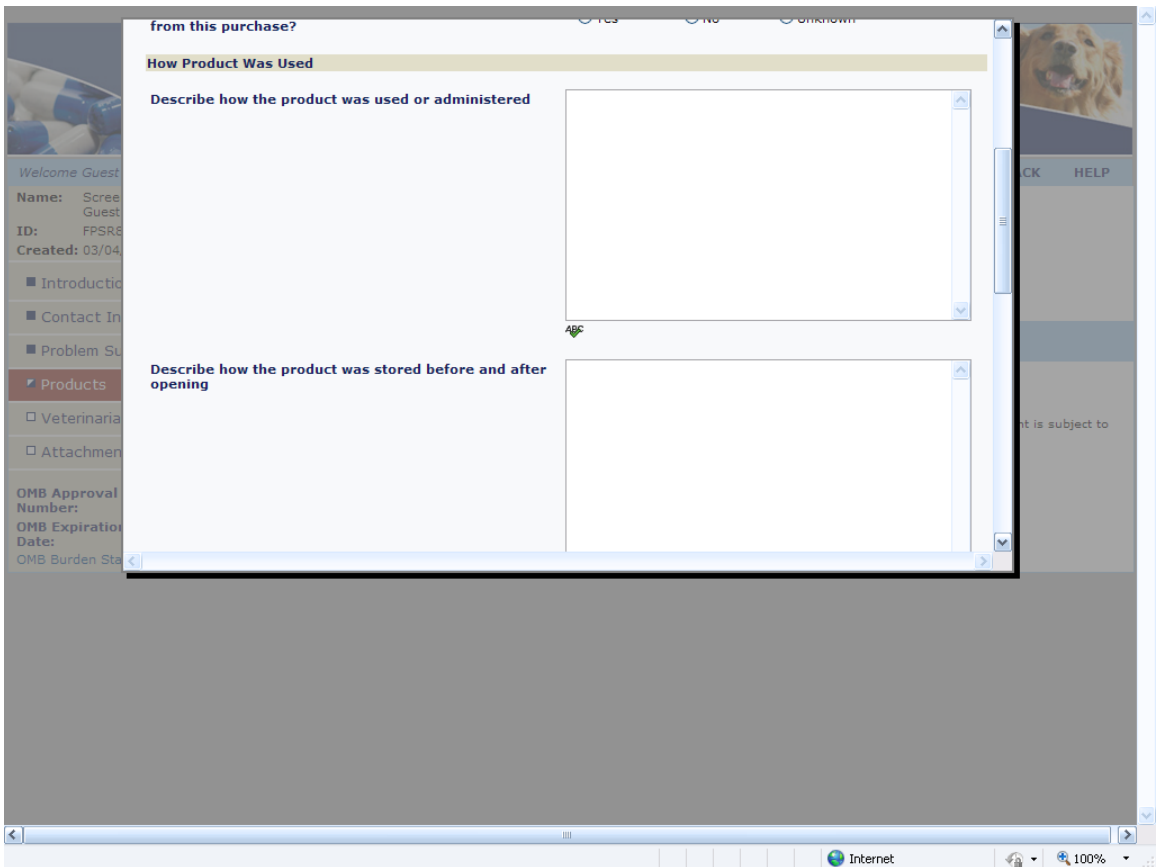
Date last purchased product (estimate if necessary)

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  
 Name: Scree  
 Guest  
 ID: FPSRS  
 Created: 03/04  
 ■ Introduction  
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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  
**ID:** FPSR88015 (1)  
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**Veterinarian Visits**

Was a veterinarian consulted?  Yes  No  Unknown

**\*Veterinarian Information**

Name	Practice	Phone
Click on the <b>Add</b> button to add an item		

Buttons: Add, Edit, Delete

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: FPSRS

Created: 03/04

- Introduction
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- Veterinarian
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### Attachments

**\*=Required**

File Name	Type	Description
Click on the <b>Add</b> button to add an item		

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**Attach File**

**\*File to attach**

**\*Description of Attachment**

**\*Type of Attachment**

