## Section

		FOLD, SEAL, AND RETU			
VETERINARY ADV EFFECTIVENESS		DATE REPORTED	Form Approved: OMB No. 0910-0284 Expiration Date: January 31, 2010		
	horized by 21 U.S.C 352(a) a nd timely assessment of produ	uct labeling.	ot required to repo	ort, your cooperati	ion is needed to assure
If you do NOT want your identity disclosed to the manufacturer,	1. VETERINARIAN'S NAME AND ADDRESS			2. OWNER'S NAME OR CASE ID (In Confidence)	
place an "X" in this 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 REASON FOR USE OF DRUG				7. ADMINISTERED BY	
8. DOSAGE ADMINISTERED AND ROUTE (Ex. 250 mg. q 12h, 5 days, orally)				9. DATE(S) OF ADMINISTRATION	
	(	-, -, -, -, -, , , ,			
10. SPECIES	11. BREED	12. AGE		13. SEX	14. WEIGHT
		40,000			LBS.
15. CONCURRENT CLINICAL PROBLEMS			16. CONCURRENT DRUGS ADMINISTERED		
GOOD FAIR		7. REACTION INFORM	ATION		
	THERAPY WITH SUSPECTED DRU				
	TRATION OF SUSPECTED DRUG A				
c. OUTCOME: RECOVERE d. WAS THE REACTION TREATED			OTHER (Comment Belo	ow)	
		,			
HAD ALREADY BEEN COM	IPLETED				
		AND THE			
WAS DISCONTINUED AND REPLACED WITH ANOTHER DRUG					ECURRED
WAS CONTINUED AT ALTERED DOSE					OTHER (Comment Below)
o	THER (Comment Below)				
f. LEVEL OF SUSPICION THAT DR	RUG CAUSED THE REACTION:				
	ADD DETAILS ABOUT CASE HIS FACTORS. DESCRIBE LACK OF				
NOTE: Triple fold as marked, sea	al with tape, no postage required, a	dditional space on back, if	needed.		

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.

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

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

FOLD

## DEPARTMENT OF **HEALTH & HUMAN SERVICES**

Public Health Service Food and Drug Administration Rockville MD 20857

Official Business Penalty for Private use \$300

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POSTAGE WILL BE PAID BY FOOD AND DRUG ADMINISTRATION

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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NO POSTAGE

NECESSARY

IF MAILED IN THE

UNITED STATES

FOLD THANK YOU FOR SHARING YOUR CONCERN ABOUT ANIMAL DRUG EFFECTS 18. (Continued) FOR FDA USE ONLY COMMENT Confidentiality: The owner's identity is D NAI held in strict confidence by FDA and PR AI protected to the fullest extent of the law. PO AP The reporter's identity, including the identity of self-reporter, may be shared R AL with the manufacturer unless requested NC otherwise. However, FDA will not disclose the reporter's identity in response to a request from the public, pursuant to the CR CONT 🗌 I.L. Freedom of Information Act.

WHEN MAILING FOLD THIS SECTION INSIDE