

I am a:

- Veterinarian
- Practice manager
- Owner of animal

I am reporting:

- Dispensing error
- Adverse reaction
- Side Effect

## Product Details

Product name (if known)

Active Ingredient (if known)

**Patient Name (as expressed on the label)**

Details of Product used (if known)

As listed on label:

Expiry date / /

Storage details (< 30°C); (< 25°C); refrigerated etc.

Was the product used according to the label instructions?  Yes  No  Not sure

Were other product(s) used at the same time as this product?  Yes  No

If yes, please provide the details (including dose/rate, etc.)

## Affected Animal, Human, Crop or Plant

Animal  Human (please select one)

No. treated	No. affected	Species (animals only)
No. dead	Age	Breed
Sex	<input type="radio"/> M <input type="radio"/> F	Weight(approx.):
Physiology	<input type="radio"/> Desexed <input type="radio"/> Pregnant <input type="radio"/> Lactating	
Product treatment/use/exposure	First Occasion:	/ / <input type="radio"/> am <input type="radio"/> pm
	Last Occasion:	/ / <input type="radio"/> am <input type="radio"/> pm
Dose/Application (e.g. frequency, rate, duration of use, etc)		
Who applied the product: <input type="radio"/> Self <input type="radio"/> Vet <input type="radio"/> Contractor <input type="radio"/> Unknown <input type="radio"/> Other (specify) .....		
Purpose of product use (if known)		





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Reporting Person/Entity

Name Organisation
Address
Ph ( ) Fax ( )
Email

Other Contact(s)

Radio button options: Veterinarian, Health Professional, Affected Person, Other

Name Organisation
Address
Ph ( ) Fax ( )
Email

The information you have supplied may form the basis of a report to an Authority such as the Therapeutic Goods Administration or the Australian Pesticides and Veterinary Medicines Authority. It will also be retained by Bova Compounding as a record of the incident. Please indicate if you do not wish this to occur

I do not consent O

Signature: ..... Date: ...../...../.....