**Veterinary Pharmacovigilance Reporting Form**

**Companion animals**

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| **Complaint overview** |  |
| **Country where the adverse event was observed:**       | **Country of purchase (*only if deviant*):**       |
| **Initial report:** [ ]  Follow-up: [ ]  | **Date of report to BI** *(dd/mm/yy)*:       |
| **Product:**       | **Patient species:**       |
| **Source/Primary Reporter:** [ ]  Attending vet [ ]  Pharmacist [ ]  Animal Owner  [ ]  Other *(specify)*:       |

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| **Contacts** |
|  | **Contact 1** | **Contact 2** |
| **Role** | [ ] Attending vet[ ] Pharmacist[ ] Animal Owner[ ] Other:       | [ ] Attending vet[ ] Pharmacist[ ] Animal Owner[ ] Other:       |
| **Title** |       |       |
| **First name** |       |       |
| **Surname** |       |       |
| **Phone** |       |       |
| **E-mail** |       |       |
| **Company** |       |       |
| **Street, no.** |       |       |
| **City** |       |       |
| **ZIP / Post Code** |       |       |
| **Country**  |       |       |

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| **Patient(s)** *(please fill in or mark all applicable fields)* |
| **Species:**       | **Breed:**        |
| **Sex:**  | [ ] Female | [ ] Male  | [ ]  Group of females and males |
|  | [ ] Unknown | [ ] Other:       |  |  |
| **Sex qualifier(s):** | [ ] Intact | [ ] Neutered | [ ] Lactating | [ ] Pregnant |
|  | [ ] Unknown |  | [ ] Other:       |  |
| **Age/Birth Date:** |       | **Weight:**       |
| **Health status at beginning of product administration** |
| [ ] Good  | [ ] Fair | [ ]  Poor | *Specify (for fair, poor, critical):*       |
| [ ] Critical | [ ] Unknown | [ ]  Not applicable |
| **Other illness before dose?** | [ ] Yes, *specify:*       |
|  | [ ] No | [ ] Unknown |
| **Other illness during or after**  | [ ] Yes, *specify:*       |
| **dose?** | [ ] No | [ ] Unknown |

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| **Product Data** *(Include all medications prior to and including 30 days before the first clinical sign occurred)* |
|  | **Product 1** | **Product 2** |
| **Local tradename** |       |       |
| **Dosage form, strength / pack size** |       |       |
| **Batch no. / Expiry date** |       |       |
| **Start of treatment** |       |       |
| **End of treatment** |       |       |
| **Treatment ongoing** | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **Reason for use** |       |       |
| **Dose / Frequency** |       |       |
| **Full vaccination protocol for vaccines** |       |       |
| **Route / Site of Administration** |       |       |
| **Administered by** | [ ] Owner [ ] Vet [ ] Other       | [ ] Owner [ ] Vet [ ] Other       |
| **Was the product used correctly** *(according to the product label)***?** | [ ] Yes[ ] No*, specify:*       | [ ] Yes[ ] No*, specify:*       |
| **Storage details** |       |       |
| **Sterile multiple dose containers – was the product freshly opened?**  | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **Has the patient reacted to this product before?** | [ ] No previous exposure[ ] No [ ] Unknown[ ] Yes, *specify:*      | [ ] No previous exposure[ ] No [ ] Unknown[ ] Yes, *specify:*      |
| **Attending vet’s level of suspicion?** | [ ] High [ ] Medium[ ] Low [ ] Unknown[ ] No attending vet | [ ] High [ ] Medium[ ] Low [ ] Unknown[ ] No attending vet |
| **Has vet seen similar reaction before?** | [ ] Yes, *specify:*      [ ] No | [ ] Yes, *specify:*      [ ] No |
| **Other medications:** |       |

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| **Adverse Event** |
|  | **Symptom 1** | **Symptom 2** | **Symptom 3** | **Symptom 4** |
| **Symptom**  |       |       |       |       |
| **Start date** |       |       |       |       |
| **End date** |       |       |       |       |

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| **Diagnostics available?** | [ ] Yes*Please add to report* | [ ] Still outstanding*Please send when available* | [ ] No |

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| **Number of animals exposed** **to the product:**       | **Number of animals that reacted** **to the product:**       |
|  | **Recovered** | **Euthanized** | **Died** | **Under treatment** | **Alive with sequelae** | **Unknown** |
| **Number of animals** |       |       |       |       |       |       |
| **Date** |       |       |       |

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| **Description of suspected adverse reaction/lack of efficacy***Describe the sequence of events incl. schedule, administration of product(s), all clinical signs, duration of the event, site of reaction, severity, pertinent lab tests, necropsy results, possible contributing factors, details of how the adverse reaction was treated.*      |

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| *Thank You for reporting an adverse event or other pharmacovigilance relevant information to a Boehringer Ingelheim Animal Health product. Your personal data will be stored in accordance with the currently applicable data protection regulations, and the privacy policy of Boehringer Ingelheim can be viewed on our homepage* [Adatvedelmi Szabalyzat | Boehringer Ingelheim (boehringer-ingelheim.com)](https://www.boehringer-ingelheim.com/hu/rolunk/adatvedelmi-szabalyzat) |

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| **Name:**      **Date, place:**        |

**Please send the filled out form IMMEDIATELY to the following e-mail address:**

AHHUPV.BUD@boehringer-ingelheim.com