Adverse Event Form **Date received at MA department:**	**No: ART** **Staff initials:**

1. Reporter/Veterinarian		
Date report:		
Veterinary practise:		
Name reporter:		Position:
Address		
City:		
Phone number		
2. Animal		
Name patient (animal and last name owner):		
Animal species/breed/gender:	Species: Breed: Gender:	
Age:		
Weight:		
Physical condition (neutered, in foal etc:)		
Condition (relevant medical history):		
3. Used product in adverse event		
Name product:		
Concentration (if applicable):		
Batch no:		
Expiry date:		
Doses, frequency:	Dose: ☐ ml / ☐ gr / ☐ tabs / ☐ caps / ☐ chew *(mark what is applicable)* Frequency: Administered by: ☐ veterinarian / ☐ owner : ☐ up dosing phase OR ☐ maintenance phase	
Date product used for the first time: (first dose in course administered)	Day: Month: Year: If unknown please indicate how long the patient is on the product: approx. year(s) and months	
Date & Time last administration:	**(dose that caused the onset of the adverse event):** Day: Month: Year: Time: Dose: ml / gr / tabs / caps / chew (mark what is applicable)	
Date and time onset adverse event:	Day: Month: Year: Time event became visible: (for example: 30 minutes after administration, or 2 days after administration)	

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Treatment continued after adverse event	☐ Yes, as usual ☐ Yes, with dose reduction as follows: ☐ No	
4. Other drugs taken during the time of the adverse event (when applicable) and reason		
YES ☐ / NO ☐ **If yes, please specify below:**		
Name drug:		
Batch no:		
Doses, frequency:		
Date of administration:		
Reason/indication:		
5. Data concerning side effects		
Adverse event in **keywords**		
Narrative		
Adverse reaction treated with: Date treated:	☐ None ☐ Dose reduction to ☐ Treatment stopped ☐ Therapeutic intervention:	
Response to corrective treatment:		
Outcome of adverse event: Date of outcome:	☐ Recovered: ☐ Stabilized with rest symptoms Description of rest symptoms: ☐ Death ☐ Other:	
6. Narrative of treatment of adverse event. How and with which results?		
Laboratory data available: ☐ Yes (please provide) ☐ No		
7. Do you think that the reaction was caused by Artuvetrin?		
☐ probable ☐ possible ☐ unlikely ☐ unassessable		
8. Other relevant history or information		

Signature reporter: **Date:**

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