

Adverse Event Reporting Form					
A. Patient Detail (Animal data)					
Species:			Breed/production type:		
Sex		Physiological status:			
<input type="checkbox"/> female	<input type="checkbox"/> male	<input type="checkbox"/> pregnant	<input type="checkbox"/> neutered	<input type="checkbox"/> lactating	<input type="checkbox"/> other
Weight (kilogram):			Age:		
State of health at time of treatment:					
<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor	<input type="checkbox"/> critical	<input type="checkbox"/> unknown	<input type="checkbox"/> other
Reason(s) for treatment (prevention of what disease(s) or initial diagnosis) :					
B. Adverse Reaction Details					
Adverse Reaction Term (s):			Onset Date:		
			Date & Duration of Reaction:		
Description of adverse events: (including all clinical signs, site of reaction, severity, with specific diagnosis, treatment and action taken):					
Outcome of the Event: <input type="radio"/> Recovered <input type="radio"/> Not Recovered <input type="radio"/> Recovered with sequelae <input type="radio"/> Fatal <input type="radio"/> Unknown					
Lab test details (Report, if any):					
C. Drug Details					
Name of the drug:			Strength:		
Indication:					
Batch No:			Expiry date:		
Dose and frequency:			Route and site of administration:		
Start date of treatment:	Stop date:	Who administered the product:			
		<input type="checkbox"/> veterinarian <input type="checkbox"/> owner <input type="checkbox"/> other			
Use according to label:	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no, explain:		
Action taken after reaction:	<input type="checkbox"/> drug withdrawn	<input type="checkbox"/> dose reduced	<input type="checkbox"/> other, explain:		
Additional suspect drug (if any), details as above:					
Concomitant medications (provide with details):					

<b>D. Veterinarian (If not the reporter)</b>	
<b>Name:</b>	
<b>Address:</b> _	
<b>Pin code:</b>	
<b>Tel no.:</b>	
<b>E. Reporter Details</b>	
<b>Name:</b>	<b>Occupation:</b> <input type="checkbox"/> Animal Owner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other, specify:.....
<b>Address:</b>	<b>Also reported to:</b> <input type="checkbox"/> Regulatory authority <input type="checkbox"/> Distributor <input type="checkbox"/> None
<b>Tel No:</b>	<b>Date:</b> <b>Signature:</b>
<b>Email:</b>	
<b>Send this report to</b>	<b>To be filled by Manufacturer</b>
9th Floor, Puniska House, Next to One42, Jayantilal Park, BRTS Ambli-Bopal Road, Ahmedabad, Gujarat, India – 380054  Fax: +91 79 69071699 Email: <a href="mailto:enquiry@zenexah.com">enquiry@zenexah.com</a>	Date of received:
	Name & Sign of receiver
	Safety report ID
	Report type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow up, number: .....

Confidentiality: Customers identity will be held confidential and shall remain protected. Submission of a report does not constitute an admission that veterinary personnel or manufacturer or the product caused or contributed to the event.