

## Form for reporting adverse reactions

Notification regarding	Name and address of sender		Patient-owner <i>( take into account Personal Data Protection Act)</i>
	Veterinarian	Pharmacist      Other	
Telephone/e-mail:			

Patients	Animal(s)	human ( mention age and gender below )				
Animal species	Ras	Gender		Health status	Age	Weight (kg/gr)

Treatment reason/diagnosis:

Name of veterinary medicine	
Pharmaceutical form and strength	
Registrationnumber	
Batch number	
Expiration date	
Route and place of administration	
Dosis / Frequence	
Treatment duration / Exposure	
Starting date	
Due date	

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<b>Off label use</b>	
<b>Who applied the remedy? (veterinarian, owner, other)</b>	
<b>Do you think the reaction was caused by the drug?</b>	

<b>Date of adverse reaction</b>	<b>Time between application and reaction (in minutes, hours or days)</b>	<b>Number of animals treated</b>	<b>Duration of response in minutes, hours or days</b>
		<b>Number of animals With adverse reaction</b>	
		<b>Number of animals deceased</b>	

**Description of adverse reaction.**

*(Adverse reaction in animals or reaction in humans / Lack of expected effectiveness / Resiue after waiting period / Environmental toxicity) - Please indicate:*

**Was the adverse reaction treated, how and with what and with what result?**

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Other important data (Any attachments, e.g., laboratory results, autopsy reports)

Reaction in humans (If the report involves a reaction in humans, please also complete the information below)

Contact with a treated animal:

- Oral ingestion
- Dermal exposure
- Eye
- Accidental injection → finger    hand    joint    Other
- Other

Is there any environmental damage?

Date	place	name and signature of sender

Please send this to Grovet B.V. [Adverse-event@grovet.com](mailto:Adverse-event@grovet.com)