A Unit of

Vetnician Life Sciences Pvt .Ltd.

Tulip/706, Shankra Residency, Omaxe City,
Jaipur (26), IN

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Individual Case Safety Report Number	**Submission Type** ☐ Initial ☐ Follow-up

Report Type

Adverse Event ☐ Product Problem ☐ Both Adverse Event and Product Problem ☐

Date of this Report (If this report is a follow-up) ☐ Day ☐ Month ☐ Year	**Date of Initial Report (If this report is a follow-up)** ☐ Day ☐ Month ☐ Year

Species and Related Information

Species of Animal:	**Breed:**
Gender: Male ☐ Female ☐	**Age:**
Weight:	**Insuranced:**

Suspected Product Information

Name of Manufacturer of Suspected Product:	**Name of Suspected Product:**
Lot Number:	**Expiration Date** ☐ Month ☐ Day ☐ Year
Dosage Form :	**Strength(Concentration):**
Interval of Administration (Frequency):	**Suspected Drug:**
Date of First Exposure ☐ Day ☐ Month ☐ Year	**Date of Last Exposure** ☐ Day ☐ Month ☐ Year

Diagnosis and/or Reason for Use of the Product:

Adverse Event Information

Veterinarian's Level of Suspicion that Product Caused the Adverse Event

☐ High ☐ Medium ☐ Low ☐ Unknown

Describe reaction in detail:

Treatment of Adverse Event (Describe briefly) :

Outcome/Seriousness of the Reaction

☐ Initial ☐ Normal ☐ Serious ☐ Critical ☐ Death ☐ Congenitial anomaly ☐ Life threatening ☐ Hospitalization ☐ Disability

Adeverse Event Occurance

Date of Onset of Adverse Event

Day ☐ Month ☐ Year ☐

Start date of Adverse Event :	**Stop date of Adverse Event:**

When the Adverse Event Occurred,Treatment with Suspected Product

- ☐ Had already been completed
- ☐ Was discontinued
- ☐ Was discontinued and replaced with another product
- ☐ Was discontinued and reintroduced later
- ☐ Was continued and an altered dose
- ☐ Other

Sender Information

First Name:	**Street Address:**	
Telephone Number:	**Email Address:**	**City/Village:**
District:	**State or Province:**	**Country:**
Postal/ZIP Code:		

Sender Category

Veterinarian ☐ Animal Owner ☐ Physician ☐ Patient ☐ Other Health Care ☐ Other ☐

Health Care Professional Information (If different from Sender Information)

Name:	**Address:**	
City/Village:	**District:**	**State and Province:**

Country:	**Postal/ZIP Code:**	**Telephone Number:**
Owner Information (If different from Sender Information)		
Name:	**Telephone Number:**	**Email:**
Address:		
City/Village:	**District:**	**State or Province:**
Country:	**Postal/ZIP Code:**	
Document Information		
These are the following Reports/Documents enclosed :		