### Suspected Adverse Reaction Surveillance Scheme (SARSS)

**Animal suspected adverse reaction report**

- This form should be completed in **BLOCK LETTERS** if handwritten and sent to the FREEPOST address given above, whenever a suspected adverse reaction is observed in **animals** (including birds and fish) during or after the use of veterinary medicine.

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#### All Reporters MUST complete this section

- **Full name of product**
- **Product number (on label)* Batch number**

**Has the Company already been informed?**
- [ ] YES
- [ ] NO

**Your reference number (if any)**

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#### Details of animal suspected adverse reaction(s)

**Reasons for using product**

<table>
<thead>
<tr>
<th>No. of animals treated on this occasion</th>
<th>No. of animals reacting</th>
<th>No. of deaths</th>
<th>Actual amount of product administered</th>
</tr>
</thead>
</table>

**Administered by**

- **(occupation)**

**Site and route of administration**

**Previous use of product in this animal(s)**
- [ ] YES
- [ ] NO

**Date of reaction(s)**

<table>
<thead>
<tr>
<th>Species/Breed</th>
<th>Weight (kg)</th>
<th>Age (M/F)</th>
<th>Nature of reaction including time of onset and duration of symptoms (continue on page 2 if necessary)</th>
</tr>
</thead>
</table>

**Full details of products given concurrently (if any)**

**Immediate treatment given (if any)**

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**Previous vaccination history (if immunological product involved in suspected adverse reaction) product no.* and batch no.**

**Postmortem and/or laboratory tests:**

**Have any postmortem or relevant diagnostic tests been performed?**
- [ ] YES
- [ ] NO

If YES, please attach copies or forward to VMD in due course

**Comments:**

If you have any comments or further information, please continue on page 2.

**Receipt of this form will be acknowledged**