



Adverse Reaction Reporting Form for Veterinarians Investigating Reactions to ProteqFlu/ProteqFlu TE

Task Request Number

(please tick box/s and circle options where appropriate)

Reporting Veterinarian:
 Name: VP Vet. Prac. Board Reg. No.
 Address: P/C.....
 Telephone: Mobile:.....
 Fax: Email:

Horse Owner/Agent:
 Mr/Mrs/Ms (circle)
 Address..... P/C.....
 Telephone: Mobile:.....
 Facsimile:..... Email:

Horse
 Microchip No..... Horse name:.....
 Sex..... Age..... Pregnant / Lactating
 Date of vaccination suspected to have caused reaction..... V1 / V2 / V3
 Weather at time Wet / Dry
 Date reaction observed by owner/agent..... Date/s attended by veterinarian.....

Adverse effects noted:

- Injection Site swelling : <5cm / 5-10cm / 10-20cm / >20cm
- Increased Temperature: <39°C / 39-40°C / >40°C
- Pain and/or heat at injection site
- Off feed
- Apathy or depression

Hypersensitivity reaction (detail).....

Duration of reaction:days Other (detail)

Treatment: (If necessary attach extra page/s of clinical signs treatment notes etc).....

Outcome Recovered / Still affected / Dead

Prognosis Expect full recovery / Will probably recover/ Unlikely to recover

I certify that the information provided in this report is, to the best of my knowledge, true and accurate. In my professional judgement it is unlikely / possible / probable (circle) that this is a reaction to vaccination with ProteqFlu/ProteqFlu TE

Signed..... Date.....

Fax completed form to: (02) 6361 9976 SDCHQ – marked ‘Attention Epidemiology’

Registry Copy to Epidemiology Legal Industry Liaison