Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10360
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum RABIES	165A	04559001B	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	Back R leg	25	04/13/2010
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/13/2010
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
vaccine seemed painful, dog cried and yelped during administration.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	immediately
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	not listed

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Labrador Retriever	Number vaccinated:	1
Sex:	☒ Not Listed	Number dead:	0
Neutered:	☒ Not Listed		
Age (i.e., 2 yrs or 2 mos):	1 yrs 9 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
DHPP 4/13/10; RV 4/13/10 - mostly indoors - musculoskeletal restrictions.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	OR
Zip		Zip:	(b)(6)
*Phone	XX)	Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XX-XXXX)
*Today's Date:	YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/15/2010
Verified:yes
Reviewed:yes
Date Entered: 09/23/2010
CVB Reporter:
Acknowledgement: yes

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10254
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04559001A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	LH leg	22	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	01/14/2010
Concurrent Drugs or Procedures:	DAPP/Lepto vaccine

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
dog began vomiting approximately 15 minutes after receiving vaccines. Was given injections of Benadryl and dexamethasone

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	15 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Shih Tzu mix	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4.5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	NJ
Zip:		Zip:	(b)(6)
*Phone:		Phone:	XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	XX-XXXX)
*Today's Date	YYY)

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 01/25/2010
Verified:yes
Reviewed:yes
Date Entered: 06/09/2010
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10255
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04559001A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	LH leg	22	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	01/18/2010
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Dog began vomiting 15 minutes after receiving vaccine, also developed hives

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	15 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Dachshund	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	NJ
Zip		Zip:	
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	XXX)
*Today's Date	)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 01/25/2010
Verified:yes
Reviewed:yes
Date Entered: 06/09/2010
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10256
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04559001A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	LH leg	22	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	01/08/2010
Concurrent Drugs or Procedures:	DHLPP

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Dog clooapsed in the waiting room less than 10 minutes after receiving vaccines. MM were white and dog had decreased heart rate. Treated with Benadryl and dexamethasone

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	10 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Dachshund	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	6 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	NJ
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 01/25/2010
Verified:yes
Reviewed:yes
Date Entered: 06/28/2010
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10257
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04559001A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	LH leg	22	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	01/14/2010
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Dog experienced facial swelling 3 hours after injection of vaccine, was treated at University of Pennsylvania with Benadryl

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	3 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Chihuahua mix	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	1.5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Previously vaccinated with Rabies 12/08 with no reaction

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	NJ
Zi		Zip:	(b)(6)
*Phone		Phone:	XX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 01/25/2010
Verified:yes
Reviewed:yes
Date Entered: 06/28/2010
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10258
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04559001A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	LH leg	22	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	01/13/2010
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Some other event - Describe Below
Explain the event and any treatment in a concise paragraph:
Cat vomited after arriving home.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Recovered without treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	10 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Has had 3 rabies vaccines in the past without incident. Cat is a regulated diabetic

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	NJ
Zip		Zip:	
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Numbe	
*Today's Date	
Relationship to anima	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 01/25/2010
Verified:yes
Reviewed:yes
Date Entered: 06/28/2010
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10259
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04559001A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	LH leg	22	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	01/18/2010
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Dog began vomiting within 15 minutes of receiving rabies vaccine

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	15 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Dachshund	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4.5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name	(b)(6)
Address:		Address	
City:		City	
State:		State:	NJ
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XX)
*Today's Date:	
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 01/25/2010
Verified:yes
Reviewed:yes
Date Entered: 06/28/2010
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV10435
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum rabies	286	04559001B	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip	22	05/25/2010
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	05/25/2010
Concurrent Drugs or Procedures:	other vaccines at other sites

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
Severe localized swelling and rupture with drainage of serosainguinous fluid

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	about 10 days
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Brussels Griffon	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	6		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

NOT A FOIA DELETION

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date	
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 06/11/2010
Verified:yes
Reviewed:yes
Date Entered: 09/30/2010
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09068
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum Rabies	286	04556003A	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R lateral shoulder	25	03/12/2008
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	03/12/2008
Concurrent Drugs or Procedures:	DHPP - different location

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
owner returned complaining of growing lump at site 8 months later. FNA/cytology consistent with sterile abscess.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2-3 mos
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	not yet known

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Chihuahua	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	2 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
nothing unusual

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip		Zip	
*Phone		Phone	XX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 11/19/2008
Verified:yes
Reviewed:yes
Date Entered: 01/02/2009
CVB Reporter:
Acknowledgement: yes

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09002
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04556003A	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	02/21/2008
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
local; hair loss at injection site noted by DVM when pet returned for a different reason.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2 mos
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Did not recover
Other:	

Animal Information

Case Identification:	Tessa	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Chihuahua	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
adopted thru shelter 3/07. had had rabies vaccine without problem at shelter in 2007.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip		Zip:	
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	-XXX-XXXX)
*Today's Date	/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/19/2008
Verified:yes
Reviewed:yes
Date Entered: 10/24/2008
CVB Reporter:
Acknowledgement: yes

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09004
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04557001	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/21/2008
Concurrent Drugs or Procedures:	FAD-Comfortis, bath w/malases shampoo, temarit -p

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
Pinna vasculitis & lip margin dermatitis. owner returned and crusts a medial pinnas and ooze of lip margins noted.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2-3 weeks
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	unknown - new case

Animal Information

Case Identification:	Crissie	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Terrier Mix	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
has had rabies vaccine before without problems.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip		Zip:	(b)(6)
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date	

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/19/2008
Verified:yes
Reviewed:yes
Date Entered: 10/24/2008
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09005
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04556004	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R shoulder	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	10/23/2007
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
local, pinna margin vasculitis - crusting and thickening

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	est. 2 wks
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered without treatment
Other:	

Animal Information

Case Identification:	Finn	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Irish Setter	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	8 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
new adoption, found as stray so no detailed history.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip:		Zip:	
*Phone:		Phone:	(b)(6) XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/19/2008
Verified:yes
Reviewed:yes
Date Entered: 10/24/2008
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09006
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04556003A	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	02/06/2008
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
ear margin vasculitis

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	6 wks
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered without treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Chihuahua	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	2 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name	(b)(6)
Address:		Address	
City		City	
State:		State:	CA
Zip		Zip	
*Phone		Phone	XX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date	
Relationship to anima	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/19/2008
Verified:yes
Reviewed:yes
Date Entered: 10/24/2008
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09007
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04556003A	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/15/2007
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
local; presented for ear problem 5 mos later and vet noted alopecia at injection site.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2-3 mos
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Did not recover
Other:	

Animal Information

Case Identification:	KYA	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Mix	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	1 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
obtained thru shelter, had rabies vaccine at shelter without problem

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip		Zip	(b)(6)
*Phone		Phone	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date	
Relationship to animal	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/19/2008
Verified:yes
Reviewed:yes
Date Entered: 10/24/2008
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09008
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04556004	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	09/22/2007
Concurrent Drugs or Procedures:	DHPP vaccine @ different site

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
local vasculitis; alopecia at vaccine site

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	4-5 mos
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Did not recover
Other:	

Animal Information

Case Identification:	Peanut	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	chihuahua	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	4 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
puppy - no other problems

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/19/2008
Verified:yes
Reviewed:yes
Date Entered: 10/24/2008
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV09010
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum	286	04556003A	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R shoulder	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	02/22/2008
Concurrent Drugs or Procedures:	pentoxypiline

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
dog has history of ear margin vasculitis on trental. Needed rabies vaccine since rural dog. ear margin vasculitis worsened and developed large patch of alopcia at injection site.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2-3 mos
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Did not recover
Other:	

Animal Information

Case Identification:	Petey	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Border Collie Mix	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	6 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
first saw for ear margin vasculitis 12/07. no recent vaccines. improved on trental.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	CA
Zip		Zip	(b)(6)
*Phone		Phone	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date	

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/20/2008
Verified:yes
Reviewed:yes
Date Entered: 10/24/2008
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV08409
Product Code: 1905.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum Rabies	286	not given	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	05/14/2008
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
Inflammation and lump at site of injection - 3 months after vaccination, surgery is going to be required to remove the lump.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2-3 wks
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :		Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	8 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name	(b)(6)
Address:		Address	
City		City	
State:		State:	CA
Zip		Zip:	(b)(6)
*Phone		Phone:	(b)(6) (XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	
*Submitter's Last Name	
*Submitter's Phone Number	(XXX-XXX-XXXX)
*Today's Date:	08/04/2008(MM/DD/YYYY)

Relationship to animal:	☒ Owner
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/04/2008
Verified:yes
Reviewed:yes
Date Entered: 09/22/2008
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 1905.24 12X1.20 4637.20

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Rabdomun	189	5831727-A	☒ Viral
2 Intra-Trac3	165A	54199-A	☒ Bacterial
3 Galaxy DA2PPvL	165A	213428-A	☒ Viral
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	RRL	25G	07/16/2009
2 1 ml	IN	Nasal	None	07/16/2009
3 1 ml	SQ	RFL	25 G	07/16/2009
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/16/2009
Concurrent Drugs or Procedures:	None, Exam

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Patient collapsed and defecated 10 mins after vaccines. Patient also had swelling around eyes, hives on stomach, and pale gums. Patient was given Benadryl (IM)and Dexmethasane (IV), and was placed on oxygen and IV fluids. Patient remained at the clinic for the rest of the day, recovered, and was sent home.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	10 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Mini Schnauzer	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	2 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
No previous vaccine reactions

NOT A FOIA DELETION

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Nam	(b)(6)
*Submitter's Last Nam	
*Submitter's Phone Numbe	XXX-XXX-XXXX)
	07/26/2010(MM/DD/YYYY)

*Today's Date:	
Relationship to animal:	☒ Other
Other:	Technician

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/23/2010
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 1905.24 16E1.20

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	S950683B	☒ Viral
2 Felocell 4	189	A052459C	☒ Combination
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R femur	25	09/02/2010
2 1 ml	SQ	R humerus	25	09/02/2010
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	09/02/2010
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Vomiting, rapid respiratory rate, hyperthermia, erythema and violent licking/chewing of paws

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	5 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	Ginny	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
No previous vaccine reactions, indoor only cat, no prior health problems, no current medications, lives with one other cat (littermate), a dog and a lovebird, eats Science Diet Indoor Cat food

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	IA
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XXX-XXX-XXXX)
*Today's Date:	09/03/2010(MM/DD/YYYY)

Relationship to animal:	☒ Owner
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/03/2010
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 1905.24 13D1.29 12X1.20

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	S947580B	☒ Viral
2 Duramune Max 5	112	916531A	☒ Viral
3 Intra-Trac 3	165A	54706A	☒ Combination
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	RR	22	
2 1 ml	SQ	LR	22	04/24/2010
3 1 ml	IN			
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/24/2010
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Swollen face with vomiting 30-40 mins after leaving clinic

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	not listed
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Recovered without treatment
Other:	

Animal Information

Case Identification:		**For animals handled in a group (herd, litter, etc.)**	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Retriever Lab	Number vaccinated:	1
Sex:	☒ Not Listed	Number dead:	0
Neutered:	☒ Not Listed		
Age (i.e., 2 yrs or 2 mos):	not listed		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date	
Relationship to animal	

	☒ Not Listed	
Other:		

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/28/2010
Verified:yes
Reviewed:yes
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 1905.24 14M1.20

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	S949973A	☒ Viral
2 Naramune-2	124	104-627	☒ Viral
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 cc	SQ	RH	25	07/29/2010
2 1 cc	IN	Intranasal		07/29/2010
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/29/2010
Concurrent Drugs or Procedures:	None

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Owner reported that the patient did not want to walk, was lethargic, had facial swelling, and was rubbing at her face approximately 2 hours after vaccination. Patient returned to the hospital, had muzzle/periorbital swelling/redness, but was walking without difficulty. Patient was given Diphenhydramine and Dexamethasone SP IM. Instructed owner to

continue giving diphenhydramine PO at home (and wrote a prescription for prednisone just in case).

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2.5 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	Elsie	**For animals handled in a group (herd, litter, etc.)**	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Labrador	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	2 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Adopted from rescue organization approximately one year ago. Is indoor, household pet. Only medical history is of recurrent otitis. Has not been given these vaccines previously (was done by rescue organization). Was given other vaccines (Lyme, Leptosporosis) last year without incident.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State		State:	MD
Zi		Zip:	(b)(6)
*Phon		Phone:	(XXX-XXX-XXXX)
FA			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)

*Submitter's Last Name:	(b)(6)	
*Submitter's Phone Number:		
*Today's Date:		
Relationship to animal:		
Other:		

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 07/30/2010
Verified:yes
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06268
Product Code: 1905.24 13D1.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A589930	☒ Viral
2 Vanguard Plus 5	189	A589882C	☒ Viral
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/12/2006
Concurrent Drugs or Procedures:	r

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
severe - hives on the head. steroids, benedryl

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.	
Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1-2 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	Hazel and Blanch	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	2
(Other Species):		Number affected:	2
Breed :	Pug	Number vaccinated:	2
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	6.5 yrs & 3.5 yrs		
History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.): distemper. 6.5 year old worse reaction			

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name	(b)(6)
Address:		Address	
City		City	
State		State	
Zi		Zip	
*Phon		Phone	XX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	XXX-XXX-XXXX)
*Today's Date:	08/17/2006(MM/DD/YYYY)
Relationship to animal:	☒ Owner

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/17/2006
Verified:yes
Reviewed:yes
Date Entered: 08/31/2006
CVB Reporter: Murtle
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 1905.24

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	S051258A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	RH	25	09/08/2010
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	09/08/2010
Concurrent Drugs or Procedures:	----

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
The dog's owner called the vet office 1 1/2 hrs after the office visit for exam, rabies vaccination, & heartworm blood test because the dog had facial pruritus. The owner was advised to give 25 mg benadryl q 8 hr po. The next day the owner reported that the dog was agitated over night, but the itching subsided. No vomit/diarrhea. No hives. Lethargic

day 2. Three days after vaccination the dog was taken for grooming and the groomer noticed hives on his neck/under his chin plus swelling of his neck. The doctor advised owner to start 25 mg benadryl again. One more dose was all that was needed for the dog to recover completely.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	Jack	**For animals handled in a group (herd, litter, etc.)**	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	miniature schnauzer	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	1 yr & 5 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Obtained from breeder Oct 2009, vaccinated for DHPP(last in series 8/13/09) & rabies (7/22/09) prior to first visit at our hospital. Apparently healthy other than one episode of vomiting in Nov 2009 that responded to symptomatic Diet: Science Diet puppy.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No

NOT A FOIA DELETION

*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	09/21/2010(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/21/2010
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 1905.24 12X120 16D1.29 2668.05

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Rabdomum	189	5949973-D	☒ Viral
2 Intra-Trac 3	165A	54220-A	
3 Duramune Max 5	112	916549-A	☒ Viral
4 LCI-GP	112	350267-A	☒ Bacterial

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	RRL	25 g	07/01/2010
2 1 ml	IN	Nasal	None	07/01/2010
3 1 ml	SQ	RFL	25 g	07/01/2010
4 1 ml	SQ	RFL	25 g	07/01/2010

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/01/2010
Concurrent Drugs or Procedures:	None, Exam

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
The patient vomited twice and had diarrhea about 20 mins after vaccination. Benadryl (IM) and Dexamethasane (IV) were given to the patient at the clinic. An IV catheter was placed and 285 ml of IV fluids were given over 15 mins. Patient was monitored for several hrs at the clinic, and then sent home.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	20 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	suspect Lepto Vax or Rabies Vax

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Terrier	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs 4 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
No previous vaccine reactions

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	
Address		Address:	
City		City:	
State		State:	
Zi		Zip:	
*Phon		Phone:	(XXX-XXX-XXXX)
FA			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	

*Today's Date:	
Relationship to animal:	☒ Other
Other:	Technician

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/23/2010
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 4637.20 12X1.20 1905.24

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Galaxy DA2PPvL	165A	213435-B	☒ Viral
2 Intra-Trac 3	165A	54200	☒ Bacterial
3 Rabdomun	189	5834804-B	☒ Viral
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	RFL	25	08/14/2009
2 1 ml	IN	Nasal	None	08/14/2009
3 1 ml	SQ	RRL	25	08/14/2009
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/14/2009
Concurrent Drugs or Procedures:	None, Exam

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Patient's gums were light pink 20 mins after vaccination. 3 hrs after vaccination with facial swelling and hives on the dorsum. Benadryl (IM) and Dexamethasane (IV) wer administered at the clinic. Patient was monitored at the clinic, then sent home.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	20 mins-Pale, 3 hrs swelling & hives
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	Suspect Lepto vax

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Dach	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	1 yr 3 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
No previous vaccine reactions.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City		City:	
State:		State:	
Zi		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX:	407-275-3431		
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Numbe	

*Today's Date:	07/21/2010(MM/DD/YYYY)
Relationship to animal:	☒ Not Listed
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/23/2010
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number:

Product Code: 4637.20 12X1.20 1905.24

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Galaxy DA2PPvL	165A	213435-B	☒ Viral
2 Intra-Trac 3	165A	54200	☒ Bacterial
3 Rabdomun	189	S834804D	☒ Viral
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	RFL	25 G	08/14/2009
2 1 ml	IN	Nasal	None	08/14/2009
3 1 ml	SQ	RRL	25 G	08/14/2009
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/14/2009
Concurrent Drugs or Procedures:	None, Exam

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
The patient vomited and becaume lethargic, collasping on the floor about 20 mins after vaccination. Patient was given Benadryl (IM) and Dexamethasone (IV) and placed on Oxygen at the clinic. After inital treatment, patient was given additional Dexamethasone (SQ) 2 hrs later. Patient was monitored at the clinic and sent home.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	20 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	suspect Lepto Vax

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Dach	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	1 yr 4 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
No previous vaccine reaction

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip:		Zip:	
*Phone:		Phone:	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	

*Today's Date:	
Relationship to animal:	☒ Other
Other:	Technician

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/23/2010
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05140
Product Code: 2100.00 13D1.22 1905.24 14P5.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Bronchicine CAe	189	70221A	☒ Bacterial
2 Vanguard 5	189	A471972	☒ Viral
3 Rabdomun	189	A468772B	☒ Viral
4 FirstDose CV	189	A471129B	☒ Viral

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	L shoulder	22	04/06/2005
2 1 ml	SQ	R shoulder	22	04/06/2005
3 1 ml	SQ	R hip	22	
4 1 ml	SQ	R shulder	22	04/06/2005

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/06/2005
Concurrent Drugs or Procedures:	heartworm test, had benedryl (25 mg) since had rabies vaccine reaction 3 years ago, no reaction to either of the other 2 vaccines in the intervening 2 years

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph: Patient was seen at 8 am and vaccinated, owner had given 25 mg benadryl at 7:30 am. Patient returned at 11 am with facial swelling, pruritis and inability to settle down (panting, running around, can not keep still) Treated with an additional 25 mg benadryl	
If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.	
Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	3 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	18413-2	**For animals handled in a group (herd, litter, etc.)**	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Pug	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	8 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
on heartworm prevention, authority canned and dry diet, obtained as pup, anal gland sacculitis as a pup, last seen 6/25/04 for annual vaccines (distemper and kennel cough), occassional boarding, primarily indoors, another dog in household of same approximate age

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to	☒ No

the manufacturer(s):	
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	04/15/2005(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian
Other:	

(b)(6)

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/14/2005
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

Thank you for submitting the information in your Adverse Event Report. It is information such as this that enables the Center for Veterinary Biologics to monitor the performance of veterinary biologics used in field conditions.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05156
Product Code: 1555.R3 16E1.20 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Purevax Recombinant Leukemia	298	25005	☒ Recombinant
2 FVRCP	298	04244005	☒ Viral
3 Rabdomun	189	A475509A	☒ Viral
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	L hind leg		04/07/2005
2 1 ml	SQ	R hind leg		04/07/2005
3 1 ml	SQ	R hind leg		04/07/2005
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/07/2005
Concurrent Drugs or Procedures:	None

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Was given FELV, FVRCP and Rabies on 04/07/2005. The owner came in to clinic the cat had 104.3 and no appetite. The cat was given SQ fluids, DexSP 4 mg IM and Benedryl 15 mg IM and was monitored for the day until tem came down.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	12 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
We haven't seen this pet before the 8th of April. He had been vaccinated elsewhere.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip:		Zip:	(b)(6)
*Phone:		Phone:	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	(XXX-XXX-XXXX)
*Today's Date:	04/26/2005(MM/DD/YYYY)

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/08/2005
Verified:
Reviewed:
Date Entered:
CVB Reporter:
Acknowledgement:

Thank you for submitting the information in your Adverse Event Report. It is information such as this that enables the Center for Veterinary Biologics to monitor the performance of veterinary biologics used in field conditions.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05178
Product Code: 13D1.25 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Duramune Max 5	112	116732A	☒ Viral
2 Defensor 3	Pfizer	A468772A	☒ Viral
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	scruff	22	05/03/2005
2 1 ml	SQ	R hind leg	22	05/03/2005
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	05/03/2005
Concurrent Drugs or Procedures:	drew blood for heartworm test

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Facial and muzzle swelling. Gave Benadryl injection intramuscular and oral.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	about 5 hours
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Jack Russell Terrier	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	15 months		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	MA
Zi		Zip:	(b)(6)
*Phon	X)	Phone:	XXX-XXX-XXXX)
FA			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	X-XXXX)
*Today's Date:	05/04/2005(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 05/04/2005
Verified:Yes
Reviewed:Yes
Date Entered: 05/13/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05179
Product Code: 1555.R3 16E1.20 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Purevax Recombinant Leukemia	298	25005	☒ Recombinant
2 FVRCPC; Modified Live Virus & Chlamydia	286	04244005	☒ Combination
3 Defensor	189	A475509A	☒ Viral
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ			
2 1 ml	SQ			
3 1 ml	SQ			
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/07/05
Concurrent Drugs or Procedures:	None

Event Information

* Event description: ☒ Systemic

Explain the event and any treatment in a concise paragraph:
Cat was vaccinated at another clinic on 04/07/2005. The owner came to our clinic the next day, 04/08/2005. Cat had 104.3 temp, no appetite. Cat received the above vaccines the day before.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	24
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	6075	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	1
Sex:		Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	5 yr		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Good health

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	(b)(6)
State:		State:	
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

ADDRESS...STATE...NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Numbe	-XXXX)
*Today's Date:	04/08/2005(MM/DD/YYYY)

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 05/09/2005
Verified:Yes
Reviewed:Yes
Date Entered: 05/13/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05208
Product Code: 13D1.20 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Galaxy DA2PPv	165A	212228A	☒ Viral
2 Rabdomun	189	A579781	☒ Viral
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	shoulders		
2 1 ml	SQ	shoulders		
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	06/01/2005
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
vomiting, collapse, cyanosis, hyperthermia. IV fluids, IV soludelta cortef, IV Dexamethason, IV Epinephrine, O2 support, EM clinic, cooled down & developed DIC & died

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	30 min
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Died
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	English Bulldog	Number vaccinated:	1
Sex:	☒ Male	Number dead:	1
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	1.5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
had full puppy series without complications. this was 1st annual boosters and 1st time with this rabies product

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	FL
Zi		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX:			
E-mail:	parkwayvethosp@earthlink.net	E-mail:	(b)(6)

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	X)
*Today's Date:	06/03/2005(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 06/09/2005
Verified:yes
Reviewed:yes
Date Entered: 06/13/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05214
Product Code: 1905.24 13D1.21 1081.00 14P5.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor	189	A473320B	☒ Viral
2 Vanguard 5	189	A470792B	☒ Viral
3 Bronchi-Shield	112	110221A	☒ Bacterial
4 FirstDose CV	189	A470862C	☒ Viral

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1ml	SQ	right hip	22	06/09/2005
2 1 ml	SQ	right shoulder	22	06/09/2005
3 1 ml	SQ	left shoulder	22	06/09/2005
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	06/09/2005
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
hives, owner gave unspecified amount of benadryl

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	6 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ Medium
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	6719	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	pug	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	1 yr, 5 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
first time we have seen this patient, owner reported as started limping on right rear day before presentation, no abnormal physical exam finding and no other history of disease, on heartgard for heartworm prevention, on science diet.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City		City:	
State		State:	
Zi		Zip:	
*Phon		Phone:	(XXX-XXX-XXXX)
FA			
E-mail		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	XXXX)
*Today's Date:	06/13/2005(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 06/13/2005
Verified:yes
Reviewed:yes
Date Entered: 07/07/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05260
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor	189	A470300B	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1	SQ	hind leg		
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/28/2005
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Systemic

Explain the event and any treatment in a concise paragraph:
massive swelling in leg; high fever

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	24 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ [Click arrow for selections]
*Outcome (select one):	☒ Other
Other:	currently receiving antibiotics; recovery pending

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Boxer	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	4 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
no medical history

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	OH
Zip		Zip:	
*Phone		Phone:	(b)(6) (XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail	(b)(6)

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	(XXX-XXX-XXXX)
*Today's Date:	08/02/2005(MM/DD/YYYY)
Relationship to animal:	☒ Owner

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/02/2005
Verified:yes
Reviewed:yes
Date Entered: 08/09/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05272
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor	189	A360999	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip/flank	22	11/01/2005
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	09/03/2004
Concurrent Drugs or Procedures:	FVRCP (scap.) FeLV (L flank) Depo-medrol IM gluteal

Event Information

* Event description: ☒ Neoplasia/Cancer

Explain the event and any treatment in a concise paragraph:
mass noted at presentation for annual physical, excisional biopsy performed 8/3/05, UGA histopath=fibrosarcoma in right flank

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1 yr, poss. more
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	monitor for post-op recurrence, discussed oncology referral

Animal Information

Case Identification:	Felina Duncan	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	11 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
FVRCP, Rabies performed approx. every 1-2 yrs., no other health problems

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	GA
Zip		Zip	(b)(6)
*Phone		Phone	XX-XXX-XXXX)
FAX			
E-mail:		E-mail:	N/A

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	XXX)

*Today's Date:	08/17/2005(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/17/2005
Verified:yes
Reviewed:yes
Date Entered: 08/23/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05280
Product Code: 1905.24 13D1.21
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A580168B	☒ Viral
2 Vanguard 5	189	A580469B	☒ Viral
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hind	25	11/01/2005
2 1 ml	SQ	L hind	25	08/24/2005
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/24/2005
Concurrent Drugs or Procedures:	Exam and fecal centrifugation

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
The owner reported hives and swollen muzzle approximately 4-6 hours post-vaccination.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	6-8 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ Medium
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	Franny	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Mini Dachsund	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	1 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Pet, healthy dog, routine annual exam and vaccines, Hill's TD diet, history of hives in past suspected due to bee sting

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	NY
Zip		Zip	(b)(6)
*Phone		Phone	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Nam	(b)(6)
*Submitter's Last Nam	
*Submitter's Phone Numbe	)
*Today's Date:	08/25/2005(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/25/2005
Verified:yes
Reviewed:yes
Date Entered: 08/29/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV05319
Product Code: 1905.24 1555.21 16D1.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A580480B	☒ Viral
2 Leukocell 2	189	A473790	☒ Viral
3 Felocell 3	189	A478696A	☒ Viral
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R rear leg	23	09/20/2005
2 1 ml	SQ	L rear leg	23	09/20/2005
3 1 ml	SQ	L rear leg	23	09/20/2005
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	09/20/2005
Concurrent Drugs or Procedures:	NA

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
Howl, pant,drop. 15-20 mins died

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2 days
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Died
Other:	2/3 vets high; 1 no opinion

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	1
Sex:	☒ Female	Number dead:	1
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	10-13 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
heart murmur, mild elevated ALT

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	did not want to give
Address		Address:	
City		City:	
State		State:	
Zi		Zip:	
*Phon		Phone:	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	09/29/2005(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/29/2005
Verified:yes
Reviewed:yes
Date Entered: 09/30/2005
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06001
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189		☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R rear leg	22	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/24/2001
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Neoplasia/Cancer

Explain the event and any treatment in a concise paragraph:
haven't initiated treatment, wedge biopsy with part "for dog huge"??

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	observe in the past few days
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	see oncologist next week

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Siamese	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	7 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Nam	(b)(6)
*Submitter's Last Nam	
*Submitter's Phone Numbe	X)
*Today's Date:	09/30/2005(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Address, City, Zip, Phone_NOT A FOIA DELETION

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/30/2005
Verified:yes
Reviewed:yes
Date Entered: 10/25/2005
CVB Reporter: Murtle
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06042
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A583521	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R rear leg	21	11/14/2005
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	11/14/2005
Concurrent Drugs or Procedures:	spayed/telozol

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
vestibular syndrome; has lateral nystagnus, trembling, wobbly, naeusues (?). treat SQ fluids, clavomox.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	not listed
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Other
Other:	still recovering

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	2
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	2
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Not Listed		
Age (i.e., 2 yrs or 2 mos):	6 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
none

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	GA
Zip:		Zip:	
*Phone:		Phone:	(b)(6) XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	11/15/2005(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 11/15/2005
Verified:yes
Reviewed:yes
Date Entered: 12/16/2005
CVB Reporter: Doug Murtle
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06056
Product Code: 1905.24 2668.00
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 1	189	A584392	☒ Viral
2 LCI-GP	112	350188A	☒ Viral
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	IM	R rear	23	12/23/2005
2 1 ml	SQ	L trunk	22	12/23/2005
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	12/23/2005
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
facial swelling, owner gave 1/2 tsp of ibuprofen (100 ml), swelling gone by morning.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	8 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	recovered w/treatment (or w/out treatment)

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	miniature dachshund	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):			

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
annual boosters. no previous reactions.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	IL
Zip		Zip:	(b)(6)
*Phone		Phone:	(b)(6) XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Numbe	
*Today's Date:	12/28/2005(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian	
Other:		

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 12/28/2005
Verified:yes
Reviewed:yes
Date Entered: 01/04/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06057
Product Code: 1331.20 1905.24 14M1.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Continuum DAP	286	90064001	☒ Viral
2 Defensor 3	189	A580168C	☒ Viral
3 Progard-KC	286	04084019	☒ Other
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	Intrascapular	25	11/23/2005
2 1 ml	SQ	R hip	25	11/23/2005
3 1 ml	Intranasal	Nares	N/A	11/23/2005
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	11/23/2005
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity
Explain the event and any treatment in a concise paragraph:
diphenhydramine & dexamethesone, quick response & no relapse

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	2011-MAN	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Pug	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	1.5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City		City:	
State:		State:	
Zi		Zip:	
*Phon		Phone:	(XXX-XXX-XXXX)
FA			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	12/29/2005(MM/DD/YYYY)
Relationship to animal:	☒ Other

Other:veterinary staff

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 12/30/2005
Verified:yes
Reviewed:yes
Date Entered: 01/04/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06073
Product Code: 13D1.25 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Duramune Max 5	112	116820A	☒ Viral
2 Rabdomun	189	A585594A	☒ Viral
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	01/13/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Immediate vomiting with acute onset of urticarial lesions and angioedema.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	5 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	4227989	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Chihuahua	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	18 wks		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	CA
Zip		Zip	(b)(6)
*Phone		Phone	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	Aggieanimalcln@sbcglobal.net

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Numbe	
*Today's Date:	01/30/2006(MM/DD/YYYY)
Relationship to animal:	☒ Other

Other:Technician

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 01/30/2006
Verified:yes
Reviewed:yes
Date Entered: 02/13/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06090
Product Code: 13D1.25 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Duramune Max 5/4L	112	116813A	☒ Combination
2 Defensor 3	189	A582991A	☒ Viral
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	1/11/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Autoimmune

Explain the event and any treatment in a concise paragraph:
Immune Mediated Thrombocytopenia--treating with Prednazone

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	3 wks
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Dalmatian	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	8 yrs 11 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
indoor dog--all vaccinations had been administered the year before w/ exception being that the rabies was a 1 yr injection

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	TX
Zip:		Zip:	(b)(6)
*Phone:		Phone:	(b)(6) XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	chasakins@yahoo.com

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XXX-XXX-XXXX)
*Today's Date:	07/19/1970(MM/DD/YYYY)
Relationship to animal:	

	☒ Owner
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 02/10/2006
Verified:yes
Reviewed:yes
Date Entered: 02/27/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06107
Product Code: 1905.24 13D1.25 2668.00
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Rabdomun	189	A586419	☒ Viral
2 Duramune Max 5	112	116790A	☒ Viral
3 Duramune LCI-GP	112	045113A	☒ Bacterial
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R paralumbar	25	11/01/2006
2 1 ml	SQ	L paralumbar	25	03/08/2006
3 1 ml	SQ	L paralumbar	25	03/08/2006
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	03/08/2006
Concurrent Drugs or Procedures:	hw test/fecal

Event Information

* Event description: ☒ Systemic

Explain the event and any treatment in a concise paragraph:
Pet began vomiting and having diarrhea with sproradic anorexia on 3/9/06 around 1:00pm. Symptoms have waxed and waned til today, 3/14/06

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	21 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	pet is still ill at this time

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Welsh Corgi	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	2 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	03/14/2006(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 03/14/2006
Verified:yes
Reviewed:yes
Date Entered: 04/11/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06109
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor	189	A579781	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1		back of neck		02/25/2006
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	02/25/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
Severe Seizure

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	10 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Did not recover
Other:	Cat may still die

Animal Information

Case Identification:	Rabies Tag 061241	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Balinese	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Sasha is strictly indoor only and was in perfect health until 02/25/2006, I took her to ROCKWELL PET CLINIC and 10 hrs later she collapsed with a severe seizure and almost died! Since she has had a high fever and is not eating! I had to hospitalize her and she's still not better and may die! I have spent over $600.00 now trying to save her! I took her to my trusted vet whom I should of used instead but since we moved I didn't know who to go to and just picked a close vet... anyway... my vet ran extensive test including bloodwork,urinalysis. fel leuk and x-rays and all was normal! So it may be malpractice of the vet Leslie Wiewel giving the wrong shots or my cat had a severe reaction to vaccines!

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	(b)(6)
Address		Address:	
City		City:	
State		State:	OK
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	(b)(6)

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	

*Submitter's Phone Number:	(b)(6) (XXX-XXX-XXXX)
*Today's Date:	03/20/2006(MM/DD/YYYY)
Relationship to animal:	☒ Owner
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 03/20/2006
Verified:yes
Reviewed:yes
Date Entered: 04/11/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06122
Product Code: 13D1.21 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Vanguard 5	189		☒ Viral
2 Defensor 1	189		☒ Viral
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	10/11/2005
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
small bump @ vac skin site noticed as small. continually deep cough persistent neurological demise gradual seizures 6-8 weeks later. died 2/3/06.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	approx 1 week
Attending veterinarian's level of suspicion that product caused event:	☒ Low
*Outcome (select one):	☒ Died
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	terrier/min pincer	Number vaccinated:	1
Sex:	☒ Female	Number dead:	1
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	3 yrs 6 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
indoor, enclosed yard, purina little bites and table scraps. acquired from breeder

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	MO
Zip		Zip	(b)(6)
*Phone		Phone	(b)(6) XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	ihughes@earthlink.net

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XXX-XXX-XXXX)
*Today's Date:	02/14/2006(MM/DD/YYYY)

Relationship to animal:	☒ Owner
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 02/16/2006
Verified:yes
Reviewed:yes
Date Entered: 04/11/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06126
Product Code: 1905.24 2668.00 14M1.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A585925B	☒ Viral
2 Duramune LCI-GP	112	045111A	☒ Bacterial
3 Ontavac CPB	124	503	☒ Combination
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	IM	R rear	23	03/08/2006
2 1 ml	SQ	R shoulder	22	03/08/2006
3 1 ml	nasal	nasal	N/A	03/08/2006
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	03/08/2006
Concurrent Drugs or Procedures:	N/A

Event Information

* Event description: ☒ Systemic
Explain the event and any treatment in a concise paragraph:

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1.5 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	silky poo	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	2 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
previously had received Fort Dodge vaccine in combo with DHPPV (04 & 05) without incident. Bordetella & RV3 for the first time.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	IL
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	03/08/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 03/08/2006
Verified:yes
Reviewed:yes
Date Entered: 04/11/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06127
Product Code: 2668.00 13D1.25 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Duramune LCI-GP	112	350190A	☒ Bacterial
2 Duramune Max 5	112	116842A	☒ Combination
3 Defensor	189	A584390	☒ Viral
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R front	22	03/14/2006
2 1 ml	SQ	R rear	23	03/14/2006
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	03/14/2006
Concurrent Drugs or Procedures:	N/A

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
facial swelling. angroneuro edema facial & uticaria ventral abdomen within 2 hrs post vaccination, no GI or respiratory involvement.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2 hrs later
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	mini daschund	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	4 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Acquired 1/29/2006 from pet store. Vacc 1/25/2006 Da2PPv, 2/14/2006 DA2LyPPv, no problems. Vacc 3/14/2006 DA2LyPPv returned later with rxn. Housed indoors, on commercial puppy food diet. No other pets in house.

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	(b)(6)
Address		Address:	
Cit		City:	
State		State:	IL
Z		Zip:	(b)(6)
*Phor		Phone:	(XXX-XXX-XXXX)
FA			
E-mai		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	03/14/2006(MM/DD/YYYY)

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 03/16/2006
Verified:yes
Reviewed:yes
Date Entered: 04/11/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06130
Product Code: 1905.24 2668.00 14M1.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor	189	A585925B	☒ Viral
2 Duramune LCI-GP	112	045113A	☒ Bacterial
3 Ontavac CPB	124		☒ Combination
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	IM		23	03/21/2006
2 1 ml	SQ		22	03/21/2006
3 1 ml	Intranasal			03/21/2006
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	03/21/2006
Concurrent Drugs or Procedures:	35 mg percortin desoxycorterone pivalate IM administered at same time

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Periocular & muzzle edema 4-6 hrs post vaccination & percortin injection.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	4-6 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	benadryl & prednisone

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	basset	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	3 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
dog has had these vaccinations previously without ill effects but never in this combination or alone with percortin. diagnosed with hypodrenal corticism 9/05 and has been well regulated.

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	(b)(6)
Address		Address:	
Cit		City:	
State		State:	IL
Z		Zip:	
*Phor		Phone:	(b)(6) XXX-XXX-XXXX)
FA			
E-mai		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	03/21/2006(MM/DD/YYYY)

Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 03/22/2006
Verified:yes
Reviewed:yes
Date Entered: 04/11/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06151
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A243624C	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hind leg	25	07/28/2003
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/28/2006
Concurrent Drugs or Procedures:	Feline rhino-calici-panleuk in R front

Event Information

* Event description: ☒ Neoplasia/Cancer

Explain the event and any treatment in a concise paragraph:
Saw cat again March 30, 2006 for small 5mm x 5mm in diam-firm nodule mass on R lateral mid thigh. Biopsied April 4 - giant cell sarcoma assoc. with vaccine. Diagnosed by a boarded pathologist. Owner thought mid march 2006 when first noticed nodule.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	approx. 3 yrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Other
Other:	cat asymtomatic will take cat to oncology dept at Cornell

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	7
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	7
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	12 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
cat vaccinated 4/21/00 also in approx. the same site. no other vaccinations in the affected leg.

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	(b)(6)
Address		Address:	
City		City:	
State		State:	NY
Zi		Zip	(b)(6)
*Phon		Phone	XXX-XXX-XXXX)
FA			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s)	☒ No	
*Submitter's First Nam	(b)(6)	
*Submitter's Last Nam		
*Submitter's Phone Numbe		

*Today's Date:	04/12/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/12/2006
Verified:yes
Reviewed:yes
Date Entered: 04/18/2006
CVB Reporter: Huls
Acknowledgement: yes

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06164
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A585594B	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hind leg	22	04/25/2006
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/25/2006
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Dog went into shock (rapid heat rate, thready pulses, pale mm, weak), vomited. Treated with dexamethasone sp iv, benedryl sq and LRS iv. Recovered uneventfully.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	20 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Schnauzer	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	3 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
last vaccinated in 03

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	TX
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	04/26/2006(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/26/2006
Verified:yes
Reviewed:yes
Date Entered: 04/28/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06166
Product Code: 13D1.21 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Vanguard 5	189		☒ Viral
2 Defensor	189		☒ Viral
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ			
2 1 ml	SQ			
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	03/28/2006
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
vomiting, diarrhea, facial pruritis & facial edema seen within 15 mins after giving vaccines, 1 mg diphenhydramine & 1 mg dexamethasone given SQ & dogs edema decreased. Temp just prior to giving dex & diphenhydramine was 103.5 & it was 102.4 at time of vaccines. HR & RR was normal. These vaccines were given last year without

problems. Unknown which vaccine caused side effects because both were given one right after the other.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	15-20 mins
Attending veterinarian's level of suspicion that product caused event:	
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Pekinese	Number vaccinated:	1
Sex:	☒ Male	Number dead:	0
Neutered:	☒ Not Listed		
Age (i.e., 2 yrs or 2 mos):	1 yrs 5 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
overal state of health was good. retained testicles - dilateral since birth.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	

*Submitter's Phone Number:	
*Today's Date:	03/29/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 05/09/2006
Verified:yes
Reviewed:yes
Date Entered: 05/23/2006
CVB Reporter:
Acknowledgement: yes

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06169
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 1	189	A588570	☒ Other
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/15/2006
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Some other event - Describe Below
Explain the event and any treatment in a concise paragraph:
blood in urine that lasted a couple of days.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	24 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	German Shepard	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	5 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
been in good health, vaccinated previously without problems

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	GA
Zip:		Zip:	(b)(6)
*Phone:	111-111-1111(XXX-XXX-XXXX)	Phone:	(b)(6) (XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	(b)(6)

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XXX-XXX-XXXX)
*Today's Date:	04/18/2006(MM/DD/YYYY)
Relationship to animal:	☒ Owner

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/17/2006
Verified:yes
Reviewed:yes
Date Entered: 05/23/2006
CVB Reporter: Frana
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06171
Product Code: 1905.24 16E8.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A585594B	☒ Viral
2 Purevax Feline 4	298	64155	☒ Combination
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hip	22	11/01/2005
2 1 ml	SQ	R shoulder	22	04/25/2006
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	04/25/2006
Concurrent Drugs or Procedures:	None

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Approximately 30 min after receiving vaccines, patient began vomiting profusely - about 10 times in a 10-20 minute period.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	30-45 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	4
(Other Species):		Number affected:	1
Breed :	DSH	Number vaccinated:	4
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Unknown - owner reports no previous vaccine reactions

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	IL
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Nam	(b)(6)
*Submitter's Last Nam	
*Submitter's Phone Numbe	
*Today's Date:	04/27/2006(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian	
Other:		

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/27/2006
Verified:yes
Reviewed:yes
Date Entered: 05/23/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06175
Product Code: 1905.24 16E1.20 1555.20 16E1.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Rabdomun	189	A25001B	☒ Viral
2 Eclipse 4+FeLV	165A	207152	☒ Viral
3 Fevaxyn FeLV	165A	208147	☒ Viral
4 Eclipse 4+FeLV	165A	207186	☒ Viral

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 standard	standard	R hind	unk	08/21/2003
2 standard	standard	R shoulder	unk	08/21/2003
3 standard	standard	L shoulder	unk	08/21/2003
4 standard	standard	R shoulder	unk	08/03/2004

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/21/2003
Concurrent Drugs or Procedures:	08/03/2004 also

Event Information

* Event description: ☒ Neoplasia/Cancer

Explain the event and any treatment in a concise paragraph:
patient developed 3 vaccine associated tumors (1 at each inj site). Tumors diagnosed 4/06

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2.5 yrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	Pepsibutler	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Siamese	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	3 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
all vaccines were given at this hopsital. I've filed separate reports for each vaccine visit.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name	(b)(6)
Address:		Address:	
City		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	04/29/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 04/29/2006
Verified:yes
Reviewed:yes
Date Entered: 05/23/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06178

Product Code: 47K1.20 14P5.20 1905.24 12X1.20

* Required Fields

Product Information

List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Vanguard Plus 5 L4	189	A587744	☒ Viral
2 FirstDose CV	189	A587234A	☒ Viral
3 Defensor 3	189	A582991A	☒ Viral
4 Intra-Trac 3	165A	54123	☒ Viral

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	L shoulder	25	05/01/2006
2 1 ml	SQ	L shoulder	25	05/01/2006
3 1 ml	SQ	R shoulder	25	05/01/2006
4 1 ml	IN	IN	pipette	05/01/2005

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	05/01/2006
Concurrent Drugs or Procedures:	Annual exam

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
GI symptoms

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	30 mins
Attending veterinarian's level of suspicion that product caused event:	☒ Medium
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Schnauzer	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	19 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Normal history for this age pet. All puppy vaccs performed. On monthly Sentinel PO.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	TX
Zip		Zip:	(b)(6)
*Phone		Phone:	(b)(6) XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	05/03/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 05/03/2006
Verified:yes
Reviewed:yes
Date Entered: 05/23/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06179
Product Code: 2668.00 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Duramune LCI-GP	112	045115A	☒ Bacterial
2 Defensor I	189	A588570	☒ Viral
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	L shoulder	22	05/03/2006
2 1 ml	SQ	R shoulder	22	05/03/2006
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	05/03/2006
Concurrent Drugs or Procedures:	nail clipping

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
acute anaphylactic shock in 5-10 mins post-vaccination; treated with benadryl, dexamethasone & oxygen gas

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	5-10 mins
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	2
(Other Species):		Number affected:	1
Breed :	Beagle	Number vaccinated:	2
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	3.5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
small animal hospital, routine vaccination

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name	(b)(6)
Address:		Address	
City:		City	
State:		State:	IN
Zip		Zip	(b)(6)
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	05/04/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 05/04/2006
Verified:yes
Reviewed:yes
Date Entered: 05/23/2006
CVB Reporter: Taylor
Acknowledgement: yes

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06202
Product Code: 1081.00 47K1.20 14P5.20 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 BronchiShield	112	110235C	☒ Bacterial
2 Vanguard +5 L4	189	A584620C	☒ Viral
3 FirstDose CV	189	A584848A	☒ Viral
4 Defensor 3	189	A589140C	☒ Viral

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	IN	Nasal passages	n/a	06/01/2006
2 1 ml	SQ	R front quadrant	22	06/01/2006
3 1 ml	SQ	R rear quadrant	22	
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	06/01/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Pet was brought in for annual vaccines today. Approximately 1 hour after vaccines were administered, veterinary staff member noticed pet had swollen muzzle. Veterinarian administered Diphenhydramine HCl (50mg/mL) 0.50cc, dexamethasone (2 mg/mL) 2.0 cc and epinephrine (1mg/mL) 0.75 cc. Bordetella Bronchiseptica exp. 11Jul07; DHLPP

exp. 5Dec06; Corona vaccine exp.12Dec06; Rabies vaccine exp. 10Apr07

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Cocker Spaniel	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	2 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Current on vaccines and current on prevention

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	TX
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	

*Today's Date:	06/01/2006(MM/DD/YYYY)
Relationship to animal:	☒ Other
Other:	Veterinary Assistant

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 06/01/2006
Verified:yes
Reviewed:yes
Date Entered: 07/12/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06208
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 1	189	A583521	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	03/09/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
I took my 3 dogs to the vet on March 9, 2006 for their annual rabies vaccine. Within a month, we started noticing that their hair was falling out. The first one that we noticed that fell ill was Wu Wu. We noticed that when we brushed her that alot of her hair was coming out. Then, she stopped playing with the other dogs and just layed around alot. This

was not at all like her. Then, she started drinking and urinating excessively, had diarrhea, vomiting and was very weak. We took her to the vet who did blood work on her. She thought that it was cancer. One week later Wu passed away. Two weeks later, Buddy, another Dachshund started up the exact same symptoms, took him to the vet who did blood work and it was almost duplicate of Wu's. Buddy had to be put down - he was basically bleeding from the rectum and mouth. Our third dog, is a mutt and she has lost a lot of her hair - basically looks like a cancer victim. She also has lost alot of weight and will not eat - also, very depressed. Note: Spoke with Dr. Peterson on July 12, 2006. He did not see WuWu before death. He treated Buddy for DKA and DIC June 2006, but no underlying etiology found (see record for details). He is also treating 3rd dog, Tinker, for AIHA, again with no underlying etiology. At this time he has low level of suspicion that vaccine is related to these problems, but he does not have definitive cause. He or owner may submit additional information as it becomes available.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1 mos
Attending veterinarian's level of suspicion that product caused event:	☒ Low
*Outcome (select one):	☒ Died
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	3
Breed :	Dachsund	Number vaccinated:	3
Sex:	☒ Female	Number dead:	2
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	IL
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX:			

E-mail:		E-mail:	dalbrit54@aol.com

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XXX-XXX-XXXX)
*Today's Date:	06/15/2006(MM/DD/YYYY)
Relationship to animal:	☒ Owner
Other:	3 dogs vaccinated - 2 have died and 1 is sick -

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 06/14/2006
Verified:yes
Reviewed:yes
Date Entered: 07/12/2006
CVB Reporter:
Acknowledgement: yes

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06222
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A582991B	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	dorsum level of scapulae	25	05/15/2006
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	05/15/2006
Concurrent Drugs or Procedures:	wellness exam, nail trim, heartworm test, benadryl 6 mg IM lumbar paraspinal muscles

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
area of swelling, hairloss, scabbing

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered without treatment
Other:	

Animal Information

Case Identification:	Client # 9175-Banchee	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Chihuahua	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	XX)

*Today's Date:	06/01/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 06/01/2006
Verified:yes
Reviewed:yes
Date Entered: 07/12/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06226
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 1	189	A580480A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hind	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/06/2006
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Systemic

Explain the event and any treatment in a concise paragraph:
was vaccinated and dog started to vomit at 9:30 the next morning owner brought dog to clinic and was treated with benadryl and dex sp.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	16 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Shih Tzu	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	19 wks		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	
Address		Address:	
City		City:	
State		State:	
Zi		Zip:	
*Phon		Phone:	(XXX-XXX-XXXX)
FA			
E-mail		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	07/07/2006(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 07/10/2006
Verified:yes
Reviewed:yes
Date Entered: 07/17/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06229
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 1	189	A589385A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hind leg	25	
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	06/08/2006
Concurrent Drugs or Procedures:	none

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
owner told staff 3 weeks later that dog had gotten swollen after the rabies vaccine. So the vet gave pre meds for the next set of vaccines.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	unsure
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered without treatment
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Min Pin	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	8 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name	(b)(6)	Name:	
Address		Address:	
City		City:	
State		State:	
Zi		Zip:	
*Phon		Phone:	(XXX-XXX-XXXX)
FA			
E-mail		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	07/12/2006(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian	
Other:		

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 07/12/2006
Verified:yes
Reviewed:yes
Date Entered: 07/17/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06236
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor I	189	A589385A	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hind	25	11/01/2006
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/08/2006
Concurrent Drugs or Procedures:	CPE, treatment of perivulvar rash with Animax Cream and Cephalexin capsules

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
Began vomiting and itching all over the evening the vaccine was given, seen 4-6 hours (?) later at local emergency

service, ventral abdomen erythematous, treated with Diphenhydramine, Dex-SP and Buprenorphine. Resolved after treatment. No problems continuing Animax and Cephalexin

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	4-6 hrs (?)
Attending veterinarian's level of suspicion that product caused event:	☒ Medium
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	"Emmy" Bullen	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Shi-tzu Poodle mix	Number vaccinated:	1
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	4 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Pet dog, lives indoors with family, on IVD food

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	NY
Zip		Zip:	(b)(6)
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	

*Submitter's Phone Number:	
*Today's Date:	07/20/2006(MM/DD/YYYY)
Relationship to animal:	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 07/20/2006
Verified:yes
Reviewed:yes
Date Entered: 08/23/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06262
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Rabdomun	189	A602094C	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R hind/hip	22	07/08/2006
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	07/08/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Local

Explain the event and any treatment in a concise paragraph:
swelling at site of injection, about 2.5cm x 1.5cm in size.

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1 mos
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Did not recover
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	1
(Other Species):		Number affected:	1
Breed :		Number vaccinated:	1
Sex:	☒ Not Listed	Number dead:	0
Neutered:	☒ Not Listed		
Age (i.e., 2 yrs or 2 mos):			

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	08/24/2006(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/24/2006
Verified:yes
Reviewed:yes
Date Entered: 08/31/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06266
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 1	189	A586420	☒ Viral
2			
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	05/23/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Some other event - Describe Below

Explain the event and any treatment in a concise paragraph:
Kitten was vaccinated and suffered spinal and neurological lesions. Limp in right rear leg initially and progressed to include left hind leg and ultimately in hind quarter paresis. Initial DDx:Spinal trauma. MRI indicated lesions in the spinal. DDx: FIP, Fungal, Toxoplasmosis, Neoplasia

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1 mon
Attending veterinarian's level of suspicion that product caused event:	
*Outcome (select one):	☒ Died
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :	Sphinx	Number vaccinated:	1
Sex:	☒ Male	Number dead:	1
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	5 mos		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Acquired from breeder 2 days after vaccination on May 25, 2006. Neutered on same day. Possible heart murmur. Died in July.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City:		City:	
State:		State:	MD
Zip		Zip	(b)(6)
*Phone		Phone	(XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	(XXX-XXX-XXXX)

*Today's Date:	07/05/2006(MM/DD/YYYY)
Relationship to animal:	☒ Owner
Other:	

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/31/2006
Verified:yes
Reviewed:yes
Date Entered: 08/31/2006
CVB Reporter: Page
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV06268
Product Code: 1905.24 13D1.22
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A589930	☒ Viral
2 Vanguard Plus 5	189	A589882C	☒ Viral
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml				
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	08/12/2006
Concurrent Drugs or Procedures:	r

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
severe - hives on the head. steroids, benedryl

If this adverse event involves a possible lack of efficacy with a rabies product please

contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	1-2 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ High
*Outcome (select one):	☒ Recovered with treatment
Other:	

Animal Information

Case Identification:	Hazel and Blanch	For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	2
(Other Species):		Number affected:	2
Breed :	Pug	Number vaccinated:	2
Sex:	☒ Female	Number dead:	0
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	6.5 yrs & 3.5 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
distemper. 6.5 year old worse reaction

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	PA
Zip		Zip:	
*Phone		Phone:	(b)(6) XXX-XXX-XXXX)
FAX:			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Not Listed
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	XXX-XXX-XXXX)
*Today's Date:	08/17/2006(MM/DD/YYYY)
Relationship to animal:	☒ Owner

Other:

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 08/17/2006
Verified:yes
Reviewed:yes
Date Entered: 08/31/2006
CVB Reporter: Murtle
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV07016
Product Code: 1905.24 12X1.20
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Defensor 3	189	A591149A	☒ Viral
2 Intra-Trac 3	165A		☒ Combination
3			
4			

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ	R shoulder	22	09/09/2006
2 1 ml	SQ	R shoulder	22	
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	09/09/2006
Concurrent Drugs or Procedures:	None

Event Information

* Event description: ☒ Anaphylaxis/Hypersensitivity

Explain the event and any treatment in a concise paragraph:
delayed anaphylaxis, vomiting. given SQ rather than intranasal 3:30 a.m. unresponsive, shocky, poor blood pressure. IV fluids, benedryl, etc., after 1 day elected euthanasa.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	8 hrs
Attending veterinarian's level of suspicion that product caused event:	☒ Medium
*Outcome (select one):	☒ Died
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Canine (Dog)	Number in group:	2
(Other Species):		Number affected:	1
Breed :	Chihuahua	Number vaccinated:	2
Sex:	☒ Male	Number dead:	1
Neutered:	☒ No		
Age (i.e., 2 yrs or 2 mos):	21 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
annual health & booster, other dog chihuahua, anaphylactic reactions, 7 year old chihuahua no reaction.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	(b)(6)
Address:		Address:	
City		City:	
State:		State:	CA
Zip		Zip:	(b)(6)
*Phone		Phone:	XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

This event has been reported to the manufacturer(s):	☒ Yes
*Submitter's First Name:	(b)(6)
*Submitter's Last Name:	
*Submitter's Phone Number:	
*Today's Date:	09/15/2006(MM/DD/YYYY)
Relationship to animal:	

	☒ Veterinarian
Other:	reported to both manufacturers

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/15/2006
Verified:yes
Reviewed:yes
Date Entered: 10/04/2006
CVB Reporter: Page
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page

Adverse Event Report

Pharmacovigilance
United States Department of Agriculture
Center for Veterinary Biologics
510 South 17th Street, Suite 104
Ames, IA 50010
Phone: (515) 232-5785
FAX: (515) 232-7120

Record Number: AIV07026
Product Code: 1905.24
* Required Fields
Product Information
List ALL immunobiological products used.

*Brand Name or Generic Name	*U.S. Vet. License (Est. No.) or Manufacturer Name	Serial (lot) Number	Type of Product
1 Rabdomun 1	189	A588247	☒ Viral
2			☒ [Click arrow for selections]
3			☒ [Click arrow for selections]
4			☒ [Click arrow for selections]

Administration of products.

Dose	Route	Site	Needle Size	Date Reconstituted
1 1 ml	SQ			06/30/2006
2				
3				
4				

Administered by:	☒ Veterinarian (or veterinary staff)
*Date of Product Use:(MM/DD/YYYY)	06/30/2006
Concurrent Drugs or Procedures:	

Event Information

* Event description: ☒ Lack of Expected Efficacy

Explain the event and any treatment in a concise paragraph:
3 year old cat showed signs of neurologic illness, died on 9/20, diagnosed with rabies on DFA on 9/23/2006. Was vaccinated 6/17/05 and again on 6/30/06 by a veterinarian.

If this adverse event involves a possible lack of efficacy with a rabies product please contact the Center for Disease Control (CDC) at (404) 639-1050.

Onset (How long after product use did the event begin?): (Include Units:mins, hrs, days, wks, mos, yrs)	2 mos, 20 days
Attending veterinarian's level of suspicion that product caused event:	☒ Not Listed
*Outcome (select one):	☒ Died
Other:	

Animal Information

Case Identification:		For animals handled in a group (herd, litter, etc.)	
*Species:	☒ Feline (Cat)	Number in group:	1
(Other Species):		Number affected:	1
Breed :		Number vaccinated:	1
Sex:	☒ Male	Number dead:	1
Neutered:	☒ Yes		
Age (i.e., 2 yrs or 2 mos):	3 yrs		

History and Environment (e.g., acquisition, vaccination, and medical histories; housing, diet, contacts, etc.):
Vaccinated for rabies and neutered 6/17/05. Revaccinated 6/30/06.

Personal Information

Veterinarian		Owner	
*Name:	(b)(6)	Name:	
Address:		Address:	
City:		City:	
State:		State:	
Zip		Zip:	
*Phone		Phone:	(XXX-XXX-XXXX)
FAX			
E-mail:		E-mail:	

NOT A FOIA DELETION

This event has been reported to the manufacturer(s):	☒ No
*Submitter's First Name	(b)(6)
*Submitter's Last Name	
*Submitter's Phone Number	
*Today's Date:	09/25/2006(MM/DD/YYYY)

Relationship to animal:	☒ Other
Other:	State Public Health Veterinarian

Submit

Contact Scott Taylor if you have any questions regarding adverse events.

Date Received: 09/25/2006
Verified:yes
Reviewed:yes
Date Entered: 10/04/2006
CVB Reporter:
Acknowledgement:

This confirms that your Adverse Event Report has been received by the Center for Veterinary Biologics (CVB). Thank you for submitting this information in your Adverse Event Report. It is information such as this that enables the CVB to monitor the performance of veterinary biologics used in field conditions. If you have additional questions regarding Adverse Event Reporting for veterinary biological products, please visit the CVB. website.<p>CVB Home Page