

**USE OF EXEMPT HUMAN MEDICINAL PRODUCTS FOR THE TREATMENT OF
AFFECTED ANIMALS**

Form Number: HM-F-019 **Effective Date:** 01-JAN-2025 **Version Number:** 1.0

SECTION A – DETAILS OF PRESCRIBING VETERINARIAN

Name	
VCI registration number	
Practice address	
Telephone	
Email	

SECTION B – DETAILS OF EXEMPT HUMAN MEDICINAL PRODUCT

Product Name	
Quantity required	
Justification for its use	

SECTION C – DECLARATION

<p>I, the undersigned, hereby declare that I am responsible for the use of exempt human medicinal product. I confirm the unavailability of authorised medicinal product. This product is only prescribed to address the requirements of affected animal(s) under my care.</p> <p style="text-align: right;">Signature and Date</p>
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SECTION D – FOR INTERNAL USE ONLY

Date of receipt of filled form	
Approved by Responsible Person/Deputy Responsible Person	
Form saved in the company database by (Signature and Date)	