

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

**Form Number:** HM-F-019    **Effective Date:** 01-JAN-2026    **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

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.

Signature and Date

**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)	