Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
Visayas Ave., Diliman, Quezon City
TIN NO.: 300-000-746-316

VETERINARY DRUG AND PRODUCT DECLARATION FORM

Under: RA 3720, RA 6675, and RA 1556

Note: (This declaration form has to be answered completely for the information requested in every number shall be used as basis for any future clarification, reference, complaint, or any litigation that may arise from the use of this product.)

1. **PHARMACOLOGIC/THERAPEUTIC CATEGORY:**

2. **DESCRIPTION OF THE PRODUCT**

3. **TRADE NAME OF THE PRODUCT**

4. **NAME OF THE COMPANY**
   - 4.1 Location

5. **PRODUCT MANUFACTURED BY**
   - 5.1 Place of Manufacture
   - 5.2 Number of approval
   - 5.3 Specify what countries

6. **PRODUCT IMPORTED BY**
   - 6.1 Number of Approval
   - 6.2 Specify what countries

7. **PRODUCT REPACKED BY:**
   - 7.1 Place of repacking
   - 7.2 Number of approval
   - 7.3 Specify what countries

8. **PRODUCT DISTRIBUTED BY:**

9. **QUALITATIVE AND QUANTATIVE FORMULA – BIOLOGICAL, CHEMICAL OR COMPOUND COMOPOSITION** (composition may be expressed as percentage (w/w, v/v, v/w), in pharmacological units per 100g or 100ml, or in number of microorganisms per unit of weight or volume, indicating if relevant the type, strain, number or microorganism per unit of weight or volume, indicating if relevant the type, strain number of passages, titre, etc.)

10. **CLINICAL INDICATIONS**

11. **TARGET SPECIES OF ANIMAL**

12. **ROUTES OF ADMINISTRATION AND/OR PHARMACEUTICAL FORMS**

13. **CORRECT CONDITIONS OF USE THE PRODUCT**
    (Preparation of premixes, solutions, pre-emulsions, suspension, etc)

14. **DOSAGE** (indicate the dose or doses recommended for prophylactic, preventive, curative and/or therapeutic use according to species and age or body weight)

15. **NUMBER OF DIPS, INTERVAL BETWEEN DIPPING AND DURATION OF IMMERSION**

16. **TABLE SHOWING CORRECTION OF CONCENTRATION AND/OR REPLENISHMENT REQUIRED** (for products destined for dips)

17. **POTENTIAL INCOMPATIBILITIES WITH OTHER TREATMENTS, ANTAGONISTIC EFFECTS, CONTRAINDICATIONS, RETRICTIONS OF USE**

18. **PRECAUTIONS TO BE TAKEN BEFORE, DURING OR AFTER ADMINISTRATION**

19. **TOXIC PRODUCTS** (indicate treatments and antidotes for human being and animals)

20. **POTENTIAL LOCAL AND/OR GENERAL EFFECTS** (Pharmacologic Action of active ingredient)

21. **NATURAL ROUTES OF ELIMINATION OF THE ACTIVE PRINCIPLE (S)**

22. **CONDITIONS WHICH MAY ALTER THE INITIAL COMPOSITION** (precipitation, dissociation, modification of constituents, too high or too low temperature, exposure to light, humidity, breakage during storage, etc.)

23. **MINIMUM AND MAXIMUM TEMPERATURES FOR SATISFACTORY SRORAGE**

24. **EFFECTS OF AGING ON QUALITIES OF THE PRODUCTS AND STORAGE LIFE.**

25. **INTERVAL BEFORE IMMUNITY COMMENCES AND ITS DURATION**

26. **INTERVAL BEFORE PARASITES ARE ELIMINATED**

27. **COMMERCIAL PRESENTATION** (type of package and contents)

28. **PROCEDURE FOR BIOLOGICAL TESTING AND/OR CHEMICAL TESTING OF THE FINAL PRODUCT TO VERIFY THE CONTENT OF CONSTITUENTS (AS PERCENTAGE), WITH THE INDICATION OF THE TEQHNIQUES EMPLOYED**

29. **LIST, WITH FULL BIBLIOGRAPHICAL DETAILS OF ORIGINAL INVESTIGATION CONDUCTED BY THE APPLICANT AND/OR PRIVATE INSTITUTIONS** (information regarded as relevant to the therapeutic use of the product or its active ingredients)

30. **CHRONIC TOXICITY**

1. The active constituents (s0 has/have been declared:

a)	Carcinogenic	Yes ( )	No ( )
b)	Teratogenic	Yes ( )	No ( )
c)	Mutagenic	Yes ( )	No ( )
d)	Inducing resistance to pathogens	Yes ( )	No ( )
e)	Inducing haematological disorders	Yes ( )	No ( )

We hereby certify that the information found in Nos. 1-30 of this Declaration are true and correct.

_____ _____
Veterinary Medical Doctor General Manager/President

_____ _____
Witness Witness

SUBSCRIBED AND SWORN to before me, this _____day of _____ 200_____. The affiant exhibited to me his/her Residence Certificate No. A-_____ Issued at _____ on _____.

Doc. No._____;
Page No._____;
Book No._____;
Series of 200

_____
NOTARY PUBLIC