

# Adverse event form recording

Date of report:

Name:	
Farm address:	
CPH:	
Are you happy to be contacted again to discuss further?	
Vet Practice name:	
Stock numbers (sheep)	
Production system (Low/hill ground)	
Device used	Clipfitter
Clipfitter only, clip size and type	Size: Type:
What procedure used for?	
When lambs castrated/tailed	Age: Weight:
Number of lambs device used on	
Number affected	
Number of deaths	
Details of adverse effects (when, what, how long post treatment)	
Handling device used y/n? If so, what?	Chute/ cradle/ other:
Was any treatment given?	
Any further comments?	
Are you happy for details to be shared with a) Scottish Government?	
b) manufacturer of the device	