



ASSURING THE SAFETY, QUALITY AND EFFICACY
OF VETERINARY MEDICINES

For VMD Use:

AN:

APPLICATION FOR A SPECIAL TREATMENT CERTIFICATE (NON-EU AUTHORISED VETERINARY MEDICINAL PRODUCT OR MEDICINAL PRODUCT AUTHORISED FOR HUMAN USE)

Section I - Administrative Particulars

All questions are required to be answered, as failure to do so may incur a delay in processing

1. Name of product (including strength):
2. Product authorisation number in country of origin (equivalent to the Vm No. in the UK):
3. Name and address of the Veterinary Surgeon who will be the certificate holder (as signatory on Declaration):

RCVS No: (Compulsory):
4. Your ref. (for invoicing purposes):
5. VMD Vet Practice Number, if known:
6. Name and address of authorised Veterinary Surgeon supervising the administration of the product (if different from applicant):

RCVS No: (Compulsory)
7. Name **and address** of authorised Importing Wholesale Dealer (if not applicant):
8. Country from where import is to be made:

Section II - Animal & Owner Details

9. Number of animals to be treated:
10. Name of animal/s **or** herd/flock ID No:
11. Previous STC (or STA) number, if applicable:
12. Species:
13. Breed of animal:
14. Weight of animal:
15. Food producing: Yes
No
16. Owner's name and address:
17. Justification, including reason for not using alternatives, if available, in UK. Please complete as fully as possible as this will directly influence the decision on your application for some types of products (may be included as an attachment):

Section III - Product Particulars

18. Active Substance/s: (if allergen product, please state number of allergens in each group e.g. Tree Pollens, Mites):
19. Details of dosage calculations:
20. Total quantity required:
21. Pharmaceutical form:
22. Name and Address of Manufacturer:

Section IV – Declaration

I confirm that in making this application:

- The application includes all information known and available which is relevant to the evaluation of the application, and includes all details listed as part of the application;
- I undertake to use this product in accordance with the current Veterinary Medicines Regulations and to keep the following records available for inspection by a suitably authorised person for at least five years:
 - the date of sale or supply;
 - name of the product and quantity supplied;
 - the name and address of the recipient and identification records for the animals treated;
 - justification for using the product under the cascade
- I will pay the appropriate fee.

Signature:

Date:

.....

Please complete in BLOCK CAPITALS

Name:

Status within veterinary practice:

Practice Name:

Practice Address:

Contact telephone no:

E-mail:

To be returned by post to:

VMD contact telephone no:

Licensing Services
Veterinary Medicines Directorate
Woodham Lane
New Haw, Addlestone
Surrey KT15 3LS

01932 338442

- Only urgent applications will be accepted by fax – in which case, **please DO NOT SEND A HARD COPY**
- **Please await the invoice before sending payment**
- Please note this is not a Freepost Service

**ANNEX TO APPLICATION FORM FOR A
SPECIAL TREATMENT CERTIFICATE**

Summary Details for Retrospective Notification of Records

Product Name:

Certificate No:

Issue date:

Animal Name & Species	Owner Name	Owner Address	Supervising Vet (if different)	Amount used	Allergen Products: Allergen Groups

Total amount used: