



For VMD Use:

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ASSURING THE SAFETY, QUALITY AND EFFICACY
OF VETERINARY MEDICINES

APPLICATION FOR A SPECIAL IMPORT CERTIFICATE (EU AUTHORISED VETERINARY MEDICINAL PRODUCT)

If the document is completed by hand, please ensure that the information required is presented clearly. All questions are required to be answered, as failure to do so may incur a delay in processing.

Please do not modify or alter this form. Further copies are available at www.vmd.gov.uk/General/AppsPage/Forms.htm

Section I - Administrative Particulars

1. Name of product (including form and 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 Importing Wholesale Dealer (if not applicant):

7. Country from where import is to be made:

Section II – Product/Animal Particulars

8. Active Substance/s:

9. Animal species product to be used for:

10. No. of animals to be treated:

11. Total quantity required:

12. Name and Address of Manufacturer:

Section III - 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:

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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