



Veterinary Drugs Directorate (VDD) Health Products and Food Branch (HPFB)

Fee Reduction Application for a Veterinary Drug Submission

Manufacturer or Sponsor Information

Brand or Proprietary or Product Name as per Drug Submission Application form	
Company Name as per Drug Submission Application form	

Eligibility for Reduction and Necessary Documentation

When applying for a fee reduction, the necessary documentation and the reduction processing fee of \$1,000.00 must accompany the submission, supplement or application. Failing to do so will result in the rejection of the fee reduction application.

In order to be eligible for a reduction, the full submission fee must be more than 10% of the anticipated gross revenue from sales of the product in Canada during the fee verification period of three years. Refer to the Guidance Document on Cost Recovery Veterinary Drug Submission Evaluation Fees, Section 5 for further information on fee reductions.

- 1) A statement signed by the individual responsible for the applicant's financial affairs certifying that the fee payable is greater than 10% of the anticipated gross revenue during the fee verification period is included.
- 2) Information to establish that the applicable fee is greater than 10% of the anticipated gross revenue from sales of the drug product in Canada during the fee verification period is included. The information includes:

Check the applicable boxes:

Marketing plan/product plan for the drug product;
Sales history prior to product upgrades or sales history of similar products;
Estimated market share (i.e. product's market potential compared to the total market for similar products in Canada);
Average sale price and demand;
Comparison to similar products on the Canadian market or other similar markets (e.g., United States, European Union);
Other - specify:

Proposed Fee Following Reduction

Enter the anticipated gross revenue for this drug product during the fee verification period in box (a)	(a)
Enter 10% of amount in box (a) in box (b)	(b)

Dated at _____ this _____ day of _____, 20____

Professional Designation

Printed Name

Signature

Note: You may sign by either using your Authorized Electronic Signature, or by printing/signing/scanning the document