



## Emergency Drug Release Application Form

### Veterinary Drugs Directorate (VDD)

Holland Cross Complex, Ground Floor,  
14-11 Holland Avenue, Postal Locator 3000A, Ottawa, ON, K1A 0K9  
Tel.: (613) 240-3916 Fax: (613) 946-1125 Email: [hc.edr-dmu.sc@canada.ca](mailto:hc.edr-dmu.sc@canada.ca)

#### Section A: Veterinary Practitioner Information

<b>Section A: Veterinary Practitioner Information</b>		
Veterinary Practitioner's Name: (First)		(Last)
Hospital or Clinic Name:		
Hospital or Clinic address:		
City:	Province:	Postal Code:
Telephone #:	Fax #:	
Email:		
Please select how you wish to receive communications regarding your application (i.e. request(s) for clarification and/or letter of EDR authorization (select one option):		
Fax	Email	
<b>Shipping information</b>		
If shipping address for the drug is the same address as above, check here		
If alternate shipping address, complete section below:		
C/O Name and Address:		
City:	Province:	Postal Code:

#### Section B: Drug and manufacturer information

Drug Brand Name:		Strength:
Active Ingredient(s):		
Format (package size):		
Manufacturer (Name and Location):		
Name of contact person at the manufacturer (if applicable):		
(First)	(Last)	
Telephone #:	Fax #:	Email:

**Quantity requested:**

Notes:

- Please specify the total quantity of drug requested (the sum of the quantities requested for all patients listed in this application).
- Ensure the packaging of the drug is taken into account.
- A quantity equivalent up to 1 year of treatment can be requested, in the case of patients requiring chronic therapy, or one course of treatment depending on the condition being treated.

**Section C: Patient and treatment information**

New or repeat EDR request for this drug: New    Repeat

If this is a repeat request, state the previous EDR no:

Has a follow-up report submitted for the previous EDR? Yes    No

Note: The submission of a follow-up report is mandatory after the drug released is completely used. This follow-up report must also be received by the VDD in order for further authorization of the same drug to be given.

Please select the patient type and provide the requested information in the box below. If applying for multiple patients, please provide this information on separate sheet annexed to this application.

- Pets and horses: Provide Animal's Name and Owner's Name
- Farms and/or breeding units: Provide Producer's Name and Address
- Aquaculture: Provide name of site/facility, company/owner and address.
- Free-ranging wildlife: Provide location(s) as specific as possible.
- Laboratory (research) animals: Provide laboratory name and address.
- Zoo: Provide name and address
- Other: Please specify

Patient information (Provide stated information as per selection above)

Number of animals:

Age:

Weight:

Sex:

Veterinary Situation, Disease, Justification (If applying for multiple species, list indication by species):

Dosage, Route of Administration and Duration (e.g. #mg BID x # days) (If applying for multiple species, list information by species):

Treatment Date(s): Please indicate the date(s) when you plan to use the drug, when the animal(s) will be treated.

Please check if the treated animals may be directed toward human food consumption.

Food (including wildlife which could be hunted for food)

Non-food

For animals traditionally considered food animals (e.g.: fish, hunted wildlife), please justify if you have selected them to be non-food animals:

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For treated animals, which are directed towards human food consumption, the VDD conducts human food safety assessment including the determination of appropriate withdrawal periods for drugs authorised by EDR. You may be required to provide relevant data to assess food safety.

#### Section D : Veterinary Practitioner Signature

Veterinary Practitioner's signature:

Date:

#### Please submit your request by email or fax.

Email: [hc.edr-dmu.sc@canada.ca](mailto:hc.edr-dmu.sc@canada.ca) Fax: (613) 946-1125

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Website: [Emergency Drug Release \(EDR\)](#)

We make every effort to respond to applications within 2 working days. If your request is urgent or if you have not received a response within 2 working days after submitting an inquiry or application, please call the Emergency Drug Release program at (613) 240-3916.