



Minor Use Animal Drug Request Form

352-294-9874 MUADP (NRSP-7) c/o Vickroy
Box 100144, JHMHC
Gainesville, FL 32610-0144

or with Acrobat Pro you can
SAVE and E-mail to
vickroy@ufl.edu

Requestor Information:

Name*

Web Site

Title/Position

Address*
(limit 5 lines)

Phone Number*

E-mail Address*

Drug Information:

Generic Name*

Species*

Trade Name

Manufacturer's
Name and
Address*
(limit 5 lines)

Disease Claim/
Indication*
(limit 3 lines)

Justification of Need

Number of Animals Affected

Economic
Justification
(limit 3 lines)

Impact of
Disease *
(limit 3 lines)

Benefits
(limit 3 lines)

Importance to
the Animal
Industry
(limit 5 lines)

Is the proposed drug already approved for use in the United States? Yes No
If yes, in a food producing species? Yes No

Alternative
Treatments,
if any
(limit 4 lines)

Proposed Labeling

Route of Administration*

Length of Treatment

Withdrawal Time, if any

Dose Form (choose one)*

if "Other", please specify

Proposed Dosage
(limit 3 lines)

Cautionary Statement
(limit 3 lines)

Other Interested
State/Federal
Agencies

Is data available that the requested drug is effective for the disease? Yes No

Has this drug even been used in this species before? Yes No

If yes, please
provide details
(limit 4 lines)

Additional
Comments
(limit 10 lines)