

Certificate for dogs, cats, foxes, raccoons, or skunks to be imported into Japan from NON-DESIGNATED REGION

Either type or write clearly in BLOCK letters in English. Do not use pencils or erasable ink to fill in.
No correction fluid shall be used. The original entry shall be struck through and remain legible.
The correction shall be written adjacent to the original and signed.



| Exporting country | | | |
|---|---------------------------------|---|--|
| Consignor | | Name : | |
| | | Address : | |
| Consignee | | Name : | |
| | | Address : | |
| IDENTIFICATION OF ANIMAL | | | |
| Species | Breed | Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Date of birth (yyyy/mm/dd) or Age | | Color | Use <input type="checkbox"/> Pet <input type="checkbox"/> Other: |
| Microchip number | | Date of identification (yyyy/mm/dd) | |
| RABIES VACCINATION (produced in accordance with OIE standard) | | | |
| *Please write from latest one | | | |
| Date of vaccination (yyyy/mm/dd) | Vaccine effective period (year) | Name of product and manufacturer *Type of vaccine should be inactivated or recombinant | |
| I | year(s) | | |
| II | year(s) | | |
| III | year(s) | | |
| IV | year(s) | | |
| V | year(s) | | |
| VI | year(s) | | |
| RABIES SEROLOGICAL TEST | | | |
| Date of blood drawing (yyyy/mm/dd) | Antibody titer (IU/ml) | The designated laboratory | |
| I | | Name : | |
| | | Country : | |
| II | | Name : | |
| | | Country : | |
| CLINICAL INSPECTION BY VETERINARIAN | | | |
| *Immediately before embarkation (Inspection within 10 days is acceptable) | | | |
| I, _____, a veterinarian certify that: | | | |
| <ul style="list-style-type: none"> • I have read the microchip implanted in the animal and confirmed the number. • The animal has shown no clinical signs of rabies (and leptospirosis only for dog). | | | |
| Address of veterinarian: _____ | | | |
| Date of inspection (yyyy/mm/dd): _____ Signature: _____ | | | |
| ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN | | | |
| I, _____, an official government veterinarian of exporting country certify that to the best of my knowledge and belief all the details mentioned above are true and correct. | | | |
| Name and address of office: _____ | | | |
| _____ | | | |
| Signature: _____ | | | |
| | | | OFFICIAL GOVERNMENT STAMP |
| | | | Date (yyyy/mm/dd): _____ |