

## 狂犬病予防法に基づく動物の輸出検査申請書

APPLICATION FOR EXPORT INSPECTION OF ANIMALS  
UNDER THE RABIES PREVENTION LAW年 月 日  
Year Month Day申請者住所氏名及び連絡先  
Name and address of applicant  
氏名 Name ( ) 印  
住所 Address  
電話番号 Telephone

動物検疫所長 殿

To the chief of Animal Quarantine Service

下記の動物の輸出検査を申請いたします。

I hereby apply for the export quarantine inspection of the undermentioned animal(s).

|   |  |   |   |   |
|---|--|---|---|---|
| 動物の種類<br>Species of animal(s)                                 | 頭数<br>Quantity   |   |   |   |
| 名称<br>Name of animal(s)                                       |  |   |   |   |
| 品種<br>Breed   | 毛色<br>Color  |   |   |   |
| 性別<br>Sex   | 用途<br>Use  |   |   |   |
| 生年月日(年齢)<br>Date of birth (Age)                               | 仕向国名<br>Country of destination                         |   |   |   |
| 体長<br>Length  | cm   | 体高<br>Height                            | cm  | 体重<br>Weight                                      |
| 搭載年月日及び搭載地<br>Date and place of embarkation                   |  |   | 搭載船舶(航空機)名<br>Name of vessel (or flight No.)                    |   |
| 荷送人住所氏名<br>Name and address of consignor                      |  |   |   |   |
| 荷受人住所氏名<br>Name and address of consignee                      |  |   |   |   |
| 飼養場所(購入場所)<br>Name of keeping place (or purchase)             |  |   |   |   |
| 購入年月日<br>Date of purchase (year/month/day)                    |  |   | 帰国予定年月日<br>Scheduled date of re-entry to Japan (year/month/day) |   |
| 個体識別方法(マイクロチップ等)<br>Means for identification (e.g. microchip) |  |   | 個体識別番号/マーク<br>Identification number/Mark                        |   |
| 標識年月日<br>Date of identification (year/month/day)              |  | 標識部位<br>Location of identification      |   | マイクロチップ(リーダー)の種類<br>Type of microchip (reader)    |
| 狂犬病予防接種<br>Rabies vaccination                                 | 接種年月日<br>Date of vaccination (year/month/day)          | 有効期限<br>Date of expiry (year/month/day) | 予防液の種類<br>Kind of vaccine                                       | 予防液の製品名及び製造会社<br>Name of product and manufacturer |
|   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
| 狂犬病抗体検査<br>Rabies serological test                            | 血液採取年月日<br>Date of blood sampling (year, month, day)   |   | 抗体価<br>Antibody titer   | IU/ml   |
|   | 検査機関名及び住所<br>Name and address of designated laboratory |   |   |   |
| その他の予防接種<br>Other vaccination                                 | 接種年月日<br>Date of vaccination (year/month/day)          | 有効期限<br>Date of expiry (year/month/day) | 予防液の種類<br>Kind of vaccine                                       | 予防液の製品名及び製造会社<br>Name of product and manufacturer |
|   |  |   |   |   |
|   |  |   |   |   |
| 備考<br>Remarks   |  |   |   |   |

記入注意：氏名を自署する場合には、押印を省略することができる。