

※記載に当たっては、消せるペン、鉛筆もしくは修正テープは使用しないこと。

※訂正方法：訂正箇所にて二重線を引き、訂正箇所の側に正しい情報、訂正者のサインを記入する。

ただし、輸出国政府機関の公印を取得後の訂正については、訂正箇所に公印または輸出国政府獣医師のサインが必要。

別記様式第4号の

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

Either type or write clearly in BLOCK letters in English. Do not use pencils or erasable ink to make corrections. 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.

輸出国(ペットを連れて出る国・地域)

Form AB

Exporting country	HAWAII		
Consignor	Name :	DOKEN TARO	
	Address :	123 A ROAD, HONOLULU, HAWAII	
Consignee	Name :	DOKEN TARO	
	Address :	11-1, HARAMACHI, ISOGO-KU, YOKOHAMA-SHI	
IDENTIFICATION OF ANIMAL			
Species	Breed	Name	Sex
DOG	SHIBA	HACHI	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age	Color	Use	どちらか選択
2013/6/6	BROWN	<input checked="" type="checkbox"/> Pet <input type="checkbox"/> Other:	
Microchip number	Date of identification (yyyy/mm/dd)		
392 123 456 789 012	2013/12/22		

複数のマイクロチップを装着している場合は、以下のように記載する。

1) 392 123 456 789 012, 2) 392 210 987 654 321

1) 2013/12/22, 2) 2015/12/24

INSPECTION BY VETERINARIAN

Immediately before embarkation (Inspection within 10 days is acceptable)

I, (NAME OF VETERINARIAN), a veterinarian certify that:

- 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: 5678 STREET, #123 LOS ANGELES, USA

Date of inspection (yyyy/mm/dd): 2018/01/02 Signature: (Veterinarian's Signature)

輸出国政府の獣医師が該当する項目をチェックする。

CERTIFICATION BY OFFICIAL GOVERNMENT VETERINARIAN

1. Residency (check the relevant box)

- ☐ The animal has been continuously resident in the exporting country for at least 180 days immediately before shipment to Japan, or since its birth.
- ☐ The animal has been continuously resident in the exporting country since being directly imported from Japan.
- ☒ It is less than 180 days that the animal has been continuously resident in the exporting country before shipment to Japan. (Describe the history for 180 days before shipment to Japan.)

A country that the animal had been resident before entering the exporting country: NEW ZEALAND,

Entry date (yyyy/mm/dd): 2017/12/02

輸出国での滞在が輸出前180日未満の場合、輸出前180日間の滞在履歴を記載する。

Past history before the above (country and period, if applicable):

2. There has been no case of rabies for at least two years prior to export in the exporting country

3. The animal has been consigned in a cage and sealed. Seal Number: XXX1234567

N.B.) If the animal is transshipped, the cage must be sealed or an ANNEX form is necessary.

指定地域以外の国・地域を経由して到着する場合は、輸出国政府の獣医師がシール番号を記載する。輸出国から日本まで直行便を利用する場合は、記載不要。

ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN

I, (NAME OF OFFICIAL GOVERNMENT VETERINARIAN), an official government veterinarian of the 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:

輸出国政府機関が記載・公印押印

Signature: (Official Government Veterinarian's Signature)

公印

OFFICIAL GOVERNMENT STAMP

日付の記載を確認する。

Date (yyyy/mm/dd): 2018/01/03

輸出者または動物病院の獣医師が記入する(届出書どおりに記載する。)

動物病院の獣医師または輸出国政府の獣医師が記入する。

健康診断受診後、輸出国政府の獣医師が記入する。