

Certificate for laboratory dogs or cats from the designated facility to be imported into Japan

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.



Form AD

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| Exporting country | | | |
| Consignor | Name : Address : | | |
| Consignee | Name : Address : | | |
| IDENTIFICATION OF ANIMAL <input type="checkbox"/> See Attached | | | |
| Species | Breed | Name (if applicable) | Sex Male: Female: |
| Date of birth (yyyy/mm/dd) or Age | | Color | Use <input type="checkbox"/> Laboratory <input type="checkbox"/> Other: |
| Microchip or Tattoo number | | Date of identification (yyyy/mm/dd) | |
| FACILITY IN WHICH THE ANIMAL HAS BEEN KEPT | | | |
| Facility | Name : Address : | | |
| <ul style="list-style-type: none">• The facility is designated as an exporting facility of laboratory dogs or cats by the Minister of Agriculture, Forestry and Fisheries of Japan.• The animal originates from a group that has been kept isolated for at least 180 days or since birth until immediately before shipment to Japan in the facility.• No animal has been introduced into the group of origin for at least 180 days until immediately before shipment to Japan.• There has been no outbreak of rabies in the facility for at least two years prior to shipment to Japan.• The animals exported to Japan were shipped directly from the designated facility , without passing through other facilities. | | | |
| VACCINATION (if applicable) <input type="checkbox"/> See Attached | | | |
| Date of vaccination (yyyy/mm/dd) | Vaccine effective period (year or month) | Kind of vaccination | Name of product and manufacturer |
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| | | | |
| | | | |
| CONTAINER SEAL NUMBER <input type="checkbox"/> See Attached | | | |
| | | | |
| CLINICAL INSPECTION BY VETERINARIAN | | | |
| *Immediately before embarkation (Inspection preferably within 48 hours) | | | |
| I, _____, a veterinarian certify that; <ul style="list-style-type: none">• I have read the microchip or tattoo 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: _____ | | | |
| | | <div>OFFICIAL GOVERNMENT STAMP</div> <div>Date (yyyy/mm/dd):</div> | |