

[平成30年(2018年) 月現在]内容を更新する場合は、動物検疫所webサイトに更新版を掲載します。
 * 最新版のダウンロードはこちらから <http://www.maff.go.jp/aqs/animal/dog/import-index.html#suisyo>

※This form should be filled in by private veterinarian or official veterinarian
 ※※Do NOT use correction fluid, erasable-pen or pencil

別記様式第4号の1

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 pens. No correction fluid shall be used. The original entry shall be struck through and remain in the file. The correction shall be written adjacent to the original and signed.

The country where the animal has been kept until departure



Form AB

Exporting country	HAWAII		
Consignor	Name :	DOUKEN TARO	
	Address :	〇〇〇, 〇〇〇, 〇〇〇, HONOLULU, HAWAII	
Consignee	Name :	DOUKEN HANAKO	
	Address :	〇〇〇, 〇〇〇, 〇〇〇, TOKYO, JAPAN	

Consignor: The person who travels with the animal
 Consignee: The person who receives the animal in Japan

IDENTIFICATION OF ANIMAL			
Species DOG (or CAT)	Breed SHIBA	Name SHOHEI	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age 2010/06/06		Color BROWN	Use <input checked="" type="checkbox"/> Pet <input type="checkbox"/> Other
Microchip number 123 456 789 012 345		Date of identification 2010/12/22	

check the appropriate box

If the pet has 2 microchips, please write both information as below.
 1)***** , 2)*****
 1)year/month/date, 2)year/month/date

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

The clinical inspection should be done within 10 days before the departure

CERTIFICATION BY OFFICIAL GOVERNMENT VETERINARIAN	
1. Residency (check the relevant box) check the appropriate box	
<input checked="" type="checkbox"/> The animal has been continuously resident in the exporting country for at least 180 days immediately before shipment to Japan, or since its birth. <input type="checkbox"/> The animal has been continuously resident in the exporting country since being directly imported from Japan. <input type="checkbox"/> 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: _____ Entry date (yyyy/mm/dd): _____ 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: _____	
N.B.) If the animal is transshipped, the cage must be sealed or an ANNEX form is necessary.	

This section is for the government agency of the exporting country use only

ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN	
I, (NAME OF OFFICIAL GOVERNMENT VETERINARIAN) , an official government veterinarian 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 veterinarian's signature)	<div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center;"> OFFICIAL GOVERNMENT STAMP </div> OFFICIAL GOVERNMENT STAMP Date (yyyy/mm/dd): 2018/01/03

Fill by official government veterinarian of the exporting country

This section must be completed AFTER clinical inspection

Please make sure the date of issue is entered