

※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3

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

The country where the animal
has been kept until departure



Form AC

Exporting country	United States of America		
Consignor	Name : DOUKEN TARO Address : ○○○, ○○○, ○○○, CALIFORNIA, US		
Consignee	Name : DOUKEN HANAKO Address : ○○○, ○○○, ○○○, TOKYO, 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	check the appropriate box
Microchip number 123 456 789 012 345	Date of identification 2010/12/22	If the pet has 2 microchips, please write both information as below. 1)*****, 2)***** 1)year/month/date, 2)year/month/date	
RABIES VACCINATION *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 2017/04/01	1 year(s)	XXRAB 1 / XXX Corp. / Lot.XXX	
II 2016/12/01	1 year(s)	XXRAB 1 / XXX Corp. / Lot.XXX	
III			
IV			
V			
VI			
RABIES SEROLOGICAL TEST			
Date of blood drawing (yyyy/mm/dd)	Antibody titer (IU/ml)	The designated laboratory	
I 2017/05/01	3.46	Name : Kansas State University Rabies Laboratory Country : United States of America	
II		Name : Country :	
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 foxes and raccoons).			
Address of veterinarian: 5678 STREET. #123 LOS ANGELES. USA			
Date of inspection (yyyy/mm/dd): 2018/01/02 Signature: (Veterinarian's signature)			
ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN			
I, (NAME OF OFFICIAL GOVERNMENT VETERINARIAN), an official government veterinarian that to the best of my knowledge and belief all the details mentioned above are true			
Name and address of office:			
Signature: (Official government veterinarian's signature)			
Date (yyyy/mm/dd): 2018/01/03			