[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

XThis 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 pen		I THE COUNTRY WITE	ere the animal	Quarantine	
No correction fluid shall be used. The original entry shall be struck thr The correction shall be written adjacent to the original and signed.		has been kept until departure		Form AC	
Exporting country United States of America					
Consignor Name: DOUKEN TARO Consignor: The person who					
Consignor	Address: OOO, OOO, CALIFORNIA,		the animal Consignee: The person who receives		
Consignee	Name: DOUKEN HANAKO				
Address: OOO, OOO, TOKYO, JAPAN the animal in Japan					
Species Breed Name Sex					
DOG (or CAT)	SHIBA	SHOHEI	■ Male		
Date of birth (yyyy/mm/dd) o		Color	Use	check the	
2010/06/06		BROWN appropriate box			
		Date of identification			
		If the pet has 2 microchips, please write			
123 456 789 012 345		2010/12/22 both information as below. 1)************************************			
RABIES VA		CCINATION	1)year/month/date, 2)year/month/date		
*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) 1 year(s)		XXX Corp. / Lot.XXX		
	1 year(s)	AARAD 17	AAA Corp. / Lot.AAA		
IV Please use "Attacl	Not necessarily required to fill in				
or more rabies vaccinations / 3 or more rabies serological tests to write					
VI					
RABIES SEROLOGICAL TEST					
Date of blood drawing (yyyy/nm/dd) Antibody titer (IU/ml) The designated laboratory					
I 2017/05/01	3.46	Name: Kansas Stat	Name: Kansas State University Rabies Laboratory		
2017/00/01	0.40	Country: United States of America			
П		Name: Country: The country where the designated			
CLINICAL INSPECTION BY VETERINARIAN laboratory is located					
*Immediately before embarkation (Inspection within 10 days is acceptable)					
I, (NAME OF VETERINARIAN), a veterinarian certify that; The clinical inspection should be					
I, (NAME OF VETERINARIAN), a veterinarian certify that; The clinical inspection should be done within 10 days before the					
The animal has shown no clinical signs of rabies (and leptospirosis only for departure)					
TOTO CODERED #199 LOC ANGELEG LICA					
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 tru AFTER clinical inspection					
Name and address of office:					
Fill by official government OFFICIAL					
veterinarian of the exporting country GOVERNMENT					
STAMP					
Signature: (Official government veterinarian's signature) OFFICIAL GOVERNMENT STAMP					
240(((10): 7018/01/03					
Please make sure the date of issue is enterd					