A SAMPLE FOR A DOG FROM A DESIGNATED REGION/COUNTRY

A GUIDE ON SUBMISSION BY E-MAIL N.B. Still the NACCS system is the most preferred means of submission. - E-mail as an attachment to the Animal Quarantine Service at the expected port of entry at least 40 days before arrival in Japan. Please wait until the AQS officer checks the contents and issues the approval in due course. - Also submit as attachments, the Export Quarantine Certificate, if the pet has been exported from Japan.

NOTES ON PLANNING A RETURN TRIP FROM JAPAN

- Whoever planning a return trip from Japan needs to follow the export procedures and apply for export inspection at least 10 days before the desired date.

Export procedures of dogs and cats from Japan: https://www.maff.go.jp/aqs/english/animal/dog/export.html

別記様式第1号

Page 1

狂犬病予防法及び家畜伝染病予防法に基づく犬の輸入に関する届出書

NOTIFICATION FOR IMPORT OF DOGS

UNDER THE RABIES PREVENTION LAW AND THE DOMESTIC ANIMAL INFECTIOUS DISEASES CONTROL LAW

2024年 11月 15日

Year Month Day

届出者住所氏名及び連絡先

Name and address of applicant

氏名 Name :

・ 「 本及び代表者の住所氏名」 Taro DOKEN

法人の場合には、その名

住所 Address :9999 ZZZ Street, Apt 1A, 00000

電話番号 Telephone :090-XXXX-XXXX FAX :No need to fill in E-mail :XXXX@0000.ne.jp

-If an agent carries out the procedures, fill in both the name of the owner, namely the consignor and the agent. e.g. Taro DOKEN c/o Hanako NOSUI

動物検疫所長 殿

To the chief of Animal Quarantine Service

動物を輸入したいので、下記のとおり届出をいたします。 I hereby notify for the importation of the undermentioned animal(s).

動物の種類 Species of animal(s) Dog	頭数 Quantity 2	
生年月日(年齡) ①2020/Jun/06 ②2021/May/05 Date of birth (Age) - Age at the time of arrival is acceptable.	性別 Sex ①Male ②Female	
任出国名 Hawaii, USA Country of expor - Designated region/country of departure. - Fill in the state name for Hawaii and Guam.	輸入の場所 Haneda International Airport Scheduled place of arriv - First port of arrival in Japan	
搭載予定地及び搭載予定年月日 Scheduled date and place of embarkation	- If the flight number is not fixe yet, fill in the planned one; and include all connecting flights fro	ł
輸入の時期(到着予定年月日) 2025/Jun/07 Scheduled date of arrival (year/month/day) - Japan arrival date	搭載予定船舶(航空機)名 ZZ001 Name of scheduled vessel (or flight e.g. ZZ001/ZZ999	
Name and address of consignor 090-XXXX-XXXX , XXXX@00000.ne.jp Hanako NOSUI	cargo, fill in the name of sender and the local address. baggage, fill in the name, address; and both phone number e-mail of the passenger at which he/she can be contacted o ral in Japan.	on
Name and address of consignee 090-XXXX-XXXX , XXXX@0000.ne.jp For	cargo, fill in the name, address and both phone number and ail of the recipient present for import inspection at which	d
記入注意: 次頁のその他参考となるべき事項欄には、用途、仕向地、仕出地(飼養施設名称及び住所) In the last column of next page, please note the information such as the use of the	she can be contacted in Japan. baggage, fill in the name and address of the owner in Japan	۱.

その他参考となるべき事項(Other useful information)

個体識別方法(マイク Means for identificatio		ip	個体識別番号/マーク Identification number/M	(1)123456789012345 ^{/ark} 2)392123456789012	- Microchip nu
標識年月日 Date of identification(標識部位 Location of identifica	leck	マイクロチャプ (リーダー)の種類 Type of NOchneed to	
- Microchip i # - If it is unknown	njection date own, fill in the oldest readi	ng date The i	njection site of th		
Breed	1)Beagle ②Mix		Color (DBrown and white (2)Black		
用途 Use	Pet		翰送形態(貨物又は携带) Cargo or hand luggage or "Hand luggage" or "Hand luggage"		
体長 Length		体高	cm	- Cargo: Pets are carrie goods and picked up a	
什出地(飼養施設名彩	Noneed to fill			- Checked baggage or	hand luggage: Pe
Name and address of t	he facility in which the animal(s) is/are k	ept		are given to airport en into the hold of the pla	ane or carried inte
仕向地(名称及び住) Name and address of (123, ••• , Ota	a, Tokyo, Japan	the cabin with the pas	senger.
	- Name and add			ary accommodation, e.g.	a hotel is accepta
過去1年以内の訪問目 Countries visited in th	国友びその牛月日	g. "None", "Only "Visited Canac		o 10 th Oct. 2024." - Ple	ease be sure to fil
狂犬病予防接種 Rabies vaccination	接種年月日 Date of vaccination (year/month/day)	有効期限 Date of expiry (year/month/day)	予防液の種類 Kind of vaccine	予防液の製品名及び製造会社 Name of product and manufacturer	
採血前 Before blood sampling					
採血後					
After blood sampling	N	o need	to fill ir		
	採血日		抗体価		
	Il in the information on va other country after Japan,				n.
	接種年月日 Date of vaccination (year/month/day)	有効期限 Date of expiry (year/month/day)	予防液の種類 Kind of vaccine	予防液の製品名及び製 Name of product and mar	
その他の予防接種 Other vaccination					
, if applicable.					
備考 Remarks	"History of departure fr DTT1234567-01" "Planned departure fro			rt Quarantine Certificat erlands."	e number:
	t submit the advance notil	ication at least 40 port.	days in advance o	of the intended date of ir	nport,
If you canno					