

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

年 月 日
Year Month Day
2004/11/01

届出者住所氏名及び連絡先
Name and address of applicant

氏名 Name : TARO DOUKEN *

住所 Address : 116 JAMAICA, NY, USA *

電話番号 Telephone : 1-XXX-XXX-XXX *

FAX : 1-XXX-XXX-XXX * (IF YOU HAVE.)

E-mail : XXXX@0000.com * (IF YOU HAVE.)

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 *	1
生年月日(年齢) Date of birth (Age) *	2000/6/6	性別 Sex *	MALE
仕出国名 Country of export *	USA	輸入の場所 Scheduled place of arrival *	NARITA INTERNATIONAL AIRPORT
搭載予定地及び搭載予定年月日 Scheduled date and place of embarkation *	NEW YORK (John F. Kennedy International Airport) 2005/6/6		
輸入の時期(到着予定年月日) Scheduled date of arrival (year/month/day) *	2005/6/7	搭載予定船舶(航空機)名 Name of scheduled vessel (or flight No.) *	JLXXX
荷送人住所氏名 Name and address of consignor *	SAME AS APPLICANT		
荷受人住所氏名 Name and address of consignee *	HANAKO DOKEN 1-1, FURUGOME AZA FURUGOME, NARITA, CHIBA, JAPAN		

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)、その他輸入検査上参考となるべき事項を記載すること。

In the last column of next page, please note the information such as the use of the animal (s), the destination, name and address of the facility in which the animal (s) is/are kept, etc.

NOTE

This form is complete with 2 pages. Please submit both pages.

Columns with (*) are required items for the dogs from all area.

Columns with (**) are required items for the dogs from other than designated area applying for within 12hrs

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

EXAMPLE

名称 Name of animal (s) *		ICHIRO		
個体識別方法(マイクロチップ等) Means for identification (e.g. microchip)*		MICROCHIP		
個体識別番号/マーク Identification number/Mark *		123456789012345		
標識年月日 Date of identification (year/month/day)	* 2000/12/22	標識部位 Location of identification	* SUBCUTANEOUS PART OF NECK	マイクロチップ(リーダー)の種類 Type of microchip (reader)*
		ISO 11784/11785		
品種 Breed *	SHIBA		毛色 Color *	BROWN
		Note : "Hand luggage" means both "pet in cabin" and "checked baggage". "Cargo" means only "manifest cargo".		
用途 Use *	FOR PET		輸送形態(貨物又は携帯品) cargo or hand luggage *	HAND LUGGAGE
Complete these 3 measurements if the animal is scheduled for quarantine over 12 hours				
Length	50	cm	体高 Height	45
			cm	体重 Weight
			kg	12
仕出地(飼養施設名称及び住所) Name and address of the facility in which the animal (s) is/are		(This item is only for the cats for research use.)		
仕向地(名称及び住所) Name and address of destination *		SAME AS CONSIGNEE		
過去1年以内の訪問国及びその年月日 Countries visited in the past 12 months and the date of visits *		COUNTRY NAME / 20@@ - 20@@ (IF ANY)		
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	** 2003/12/22	** 2004/12/22	** Inactivated	XXRAB 1/ XXX Corp. **
	** 2004/10/30	** 2005/10/30	** Inactivated	XXRAB 1/ XXX Corp. **
採血後 Booster (if any)	Booster of rabies vaccination after the date of blood sampling needs to be filled in. "Date of expiry" means "Expiration date of effective period of vaccination".			
狂犬病抗体検査 Rabies serological test	採血日 Date of blood sampling (year/month/day)	** 2004/11/1	抗体価 Antibody titer **	0.8 IU/ml
検査機関名及び住所 Name and address of the designated laboratory **		CSIRO Australian Animal Health Laboratory PB 24, 5 Portalington Road, Geelong 3220, Australia		
その他の予防接種 Other 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
These items shall be filled in if the animal is scheduled for quarantine over 12 hours.				
備考 Remarks				
1. For the dog from designated rabies-free-area (http://www.maff.go.jp/aqs/english/animal/dog/designated-regions.html), which has no history being abroad in the past 180 days or within 180 days before the scheduled date of departure for Japan, please notify whether "the dog has stayed there since birth" or "the dog will have stayed there for 180 days or more at the scheduled date of departure."				
2. For the dog exported or going to be exported from Japan with a microchip, two rabies vaccinations and a rabies serological test and applying for within 12 hours quarantine upon return, please notify the "date of departure from Japan", "port of departure" and "export quarantine certificate number, if any".				

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 NOTIFICATION FOR IMPORT OF ANIMALS
 UNDER THE RABIES PREVENTION LAW

年 月 日
 Year Month Day
 2004/11/01

届出者住所氏名及び連絡先
 Name and address of applicant

氏名 Name : TARO DOUKEN *

住所 Address : 116 JAMAICA, NY, USA *

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I hereby notify for the importation of the undermentioned animal (s).

動物の種類 Species of animal (s) *	CAT	頭数 Quantity *	1
生年月日(年齢) Date of birth (Age) *	2000/6/6	性別 Sex *	MALE
仕出国名 Country of export *	USA	輸入の場所 Scheduled place of arrival *	NARITA INTERNATIONAL AIRPORT
搭載予定地及び搭載予定年月日 Scheduled date and place of embarkation *	NEW YORK (John F. Kennedy International Airport) 2005/6/6		
輸入の時期(到着予定年月日) Scheduled date of arrival (year/month/day) *	2005/6/7	搭載予定船舶(航空機)名 Name of scheduled vessel (or flight No.) *	JL000
荷送人住所氏名 Name and address of consignor *	SAME AS APPLICANT		
荷受人住所氏名 Name and address of consignee *	HANAKO DOKEN 1-1, FURUGOME AZA FURUGOME, NARITA, CHIBA, JAPAN		

記入注意:

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EXAMPLE

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

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個体識別方法(マイクロチップ等) Means for identification (e.g. microchip)*		MICROCHIP		
個体識別番号/マーク Identification number/Mark *		123456789012345		
標識年月日 Date of identification (year/month/day)	2000/12/22 *	標識部位 Location of identification	SUBCUTANEOUS PART OF NECK	
マイクロチップ(リーダー)の種類 Type of microchip (reader) *		ISO 11784/11785		
品種 Breed *	MIX		毛色 Color *	BROWN
用途 Use *		FOR PET		
輸送形態(貨物又は携帯品) cargo or hand luggage *		HAND LUGGAGE		
Complete these 3 measurements if the animal is scheduled for quarantine over 12 hours				
体長 Length	35 cm	体高 Height	30 cm	体重 Weight
				4 kg
仕出地(飼養施設名称及び住所) Name and address of the facility in which the animal (s) is/are		(This item is only for the cats for reseach use.)		
仕向地(名称及び住所) Name and address of destinati *		SAME AS CONSIGNEE		
過去1年以内の訪問国及びその年月日 Countries visited in the past 12 months and the date of visits *		COUNTRY NAME / 20@@ - 20@@ (IF ANY)		
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	** 2003/12/22	** 2004/12/22	** Inactivated	XXRAB :/ XXX Corp. **
	** 2004/10/30	** 2005/10/30	** Inactivated	XXRAB :/ XXX Corp. **
採血後 Booster (if any)	Booster of rabies vaccination after the date of blood sampling needs to be filled in.			
狂犬病抗体検査 Rabies serological test	採血日 Date of blood sampling (year/month/day)	抗体価 Antibody titer **		0.8 IU/ml
	** 2004/11/1			
検査機関名及び住所 Name and address of the designated laboratory**		CSIRO Australian Animal Health Laboratory PB 24, 5 Portalington Road, Geelong 3220, Australia		
その他の予防接種 Other 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
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備考 Remarks	<p>1. For the cat from designated rabies-free-area (http://www.man.go.jp/aqs/english/animal/dog/designated-regions.html), which has no history being abroad in the past 180 days or within 180 days before the scheduled date of departure for Japan, please notify whether "the cat has stayed there since birth" or "the cat will have stayed there for 180 days or more at the scheduled date of departure."</p> <p>2. For the cat exported or going to be exported from Japan with a microchip, two rabies vaccinations and a rabies serological test and applying for within 12 hours quarantine upon return, please notify the "date of departure form Japan", "port of departure" and "export quarantine certificate number, if any".</p>			

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