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 ink to fill in. No correction fluid shall be used. The original entry shall be struck through and remain legible.

The correction shall be written edicent to the original and signed.



Form AR

The correction shan be writte	ii adjacent to the original and	signeu.	rui III AD
Exporting country			
Consignor	Name :		
	Address:		
Consignee	Name : Address :		
Consignee			
		NTIFICATION OF ANIMAL	
Species	Breed	Name	Sex
			☐ Male ☐ Female
Date of birth (yyyy/mm/dd) or Age Microchip number		Color	Use
			□ Pet □ Other:
		Date of identification (yyyy/mm/dd)	
	CLINICAL 1	INSPECTION BY VETERIN	ARIAN
	*Immediately before er	nbarkation (Inspection within 10 da	ays is acceptable)
I,		, a veterinarian certif	Sy that:
	nicrochin implanted in th	ne animal and confirmed the	
		rabies (and leptospirosis onl	
Address of veterinari	ian:		
Date of inspection (y	yyy/mm/dd):	Signature:	
	CERTIFICATION BY	OFFICIAL GOVERNMENT	VETERINARIAN
1. Residency (check tl	ne relevant box)		
	een continuously residen	nt in the exporting country fo	r at least 180 days immediately before
☐ The animal has b	een continuously resider	nt in the exporting country si	nce being directly imported from Japan.
☐ It is less than 180	days that the animal h		t in the exporting country before
A country that th	e animal had been resid	ent before entering the expor	ting country:
Entry date (yyyy/	mm/dd):		
Past history before	re the above (country an	d period, if applicable):	
2. There has been no	case of rabies for at leas	t two years prior to export in	the exporting country.
3. The animal has bee	en consigned in a cage ar	nd sealed. Seal Number:	
N.B.) If the animal	is transshipped, the cage	e must be sealed or an ANNE	X form is necessary.
	ENDORSEMENT BY	OFFICIAL GOVERNMENT	VETERINARIAN
т		cc 1	
			t veterinarian of exporting country certify
that to the best of my	knowledge and belief al	l the details mentioned above	e are true and correct.
Name and address of office:			
Name and address of	onice.		—
-			_
Signature:			OFFICIAL GOVERNMENT STAMP
			Date (yyyy/mm/dd):
			Dave Jjjjiiiiiuaa).