

Certificate for dogs, cats, foxes, raccoons, or skunks to re-entry into Japan from NON-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 adjacent to the original and signed.



Exporting country			
Consignor		Name :	
		Address :	
Consignee		Name :	
		Address :	
IDENTIFICATION OF ANIMAL			
Species	Breed	Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age		Color	Use <input type="checkbox"/> Pet <input type="checkbox"/> Other:
Microchip number		Date of identification (yyyy/mm/dd)	
RABIES VACCINATION (produced in accordance with OIE standard) <small>*Please write from latest one</small>			
See attached "Export quarantine certificate" issued by Animal Quarantine Service, MAFF, Japan. (Certificate number: _____)			
Information of additional rabies vaccination after export from Japan (if applicable)			
Date of vaccination (yyyy/mm/dd)	Vaccine effective period (year)	Name of product and manufacturer <small>*Type of vaccine should be inactivated or recombinant</small>	
	year(s)		
	year(s)		
RABIES SEROLOGICAL TEST			
See attached "Export quarantine certificate" issued by Animal Quarantine Service, MAFF, Japan. (Certificate number: _____)			
Information of additional rabies serological test (if applicable)			
Date of blood drawing (yyyy/mm/dd)	Antibody titer (IU/ml)	The designated laboratory	
		Name :	
		Country :	
CLINICAL INSPECTION BY VETERINARIAN <small>*Immediately before embarkation (Inspection within 10 days is acceptable)</small>			
I, _____, a veterinarian certify that:			
<ul style="list-style-type: none"> • 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 dog). 			
Address of veterinarian: _____			
Date of inspection (yyyy/mm/dd): _____ Signature: _____			
ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN			
I, _____, an official government veterinarian of exporting country certify that to the best of my knowledge and belief all the details mentioned above are true and correct.			
Name and address of office: _____		OFFICIAL GOVERNMENT STAMP Date(yyyy/mm/dd): _____	

Signature: _____			