

Quarantine

Form A

Approval No. : _____

The approval of import inspection is given to the importer from the Animal Quarantine Service by mail, fax or other electronic means. Last update: 26 Nov 2004

Certificate for dogs, cats, fox, raccoon or skunk to be imported into Japan

Note. This certificate consists of Form A and B or C or D.

Each document becomes eligible with an official stamp by the exporting country.

Either type or write clearly in BLOCK letters in English. Where applicable, check the relevant box.

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.

A. Declaration by exporter

I, _____, an exporter understand the conditions for the animal to be imported into Japan and declare that to the best of my knowledge and belief all the details to be filled in this form are true and correct that;

Exporter's address: _____

Tel / Fax: _____

Date (year / month / day): _____ Signature: _____

A-1 Name and address of Consignee: _____

Tel / Fax: _____

A-2 Name and address of Consignor: _____

Tel / Fax: _____

A-3 Exporting country : _____

A-4 Description of the animal

(1) Species : _____ (2) Pet name (if applicable) : _____

(3) Breed : _____ (4) Sex : _____

(5) Date of birth : _____

(6) Colour, coat type and other distinctive features (e.g. marking, tattoo) : _____

(7) Microchip

Number : _____

Date of implantation (year / month / day) : _____

ISO standard or another Type of reader : _____

Implantation site of animal : _____

(8) Use

Personal or Commercial pet

Other purposes : _____

OFFICIAL GOVERNMENT STAMP
Date: _____

Approval No. : _____

Form C 1/2

Last update: 10 Mar 2006

Note. This certificate consists of Form A and C. Each document becomes eligible with an official stamp by the exporting country.**C-1. Veterinary Certification****1. Rabies Vaccination (Inactivated vaccine produced in accordance with the OIE standard)****Note.** Read the microchip implanted in the dog or cat mentioned at A-4 and confirm the number when vaccination has been given.

《 History of the last two rabies vaccinations before blood sampling for rabies serological test 》

	Last but one* ² (more than 91 days old)	Last* ² (more than 30days after the previous vaccination)	Booster vaccination (after the blood test, if applicable)
Date of vaccination (year / month / day)			
Date of expiry* ¹ (year / month / day)			
Name of vaccination / manufacturer / batch number			
Name and address of veterinarian			

2. Rabies serological test**Note.** Read the microchip implanted in the dog or cat mentioned at A-4 and confirm the number when sampling.**The laboratory report of the result shall be attached. *²**

Date of Sampling (year / month / day)	
Name and address of veterinarian who took or supervised the blood sampling	
Name of the laboratory designated by the Japanese government	
Test result (IU/ml) (Equal to or greater than 0.5 IU/ml)	

*1 End of immunity calculated by reference to the validity period of the vaccine as stated on the manufacturer's data sheet.

*2 It can be substituted by an attachment of the certificate issued by the Animal Quarantine Officer,
Ministry of Agriculture, Forestry and Fisheries(MAFF), Japan, certifying all the listed items.

OFFICIAL GOVERNMENT STAMP

Date:

Approval No. : _____

Form C 2/2

Last update: 06 Oct 2004

Note. This certificate consists of Form A and C. Each document becomes eligible with an official stamp by the exporting country.

3. Clinical examination: Immediately before embarkation (preferably within 48 hours)

I _____, a veterinarian certify that;

- Today I have read the microchip implanted in the animal mentioned at A-4 and confirmed the number in A-4 (7).
- The animal mentioned at A-4 has been found to be free from any clinical signs of **rabies** when this certificate has been signed.
- The dog mentioned at A-4 has been found to be free from any clinical signs of **leptospirosis** when this certificate has been signed.

Address of veterinarian: _____

Date (year / month / day): _____ Signature: _____

4. Other useful health information

(Necessary for the animal to be quarantined in the facility of Animal Quarantine Service upon arrival)

	Vaccination (except Rabies)	Treatment of internal parasites	Treatment of external parasites
Date of vaccination or treatment (year / month / day)			
Date of expiry* ¹ (year / month / day)			
Kind of vaccine or active ingredient(s)			
Name and address of veterinarian			

*1 End of immunity calculated by reference to the validity period of the vaccine as stated on the manufacturer's data sheet.

C -2 Endorsement by Official Veterinarian

I, _____, a government veterinarian of exporting country certify that to the best of my knowledge and belief all the details filled in the Form A and C that I have endorsed each document with an official stamp, are true and correct.

Official position : _____

Country : _____

Name and address of Office : _____

Signature : _____

OFFICIAL GOVERNMENT STAMP
Date: _____

Approval No. : _____

Annex

An annex for dogs, cats, fox, raccoon or skunk from the rabies-free designated region

Last update: 06 Oct 2004

Declaration on transportation

- **Declaration by exporter or transport agency** Note. This part shall be filled in by exporter.

I, _____ (name of exporter or agent in charge of transportation and the agency name) understand the conditions for the animal from designated free regions that has to be directly transported into Japan in no contact with other animals.

Date (year / month / day): _____ Signature: _____

AND

- **Optional declaration** for the animal passed through regions **other than the designated rabies-free regions by land.** Note. This part shall be filled in by **an animal quarantine or custom officer or an Airline / ship staff upon departure.**

I, _____ (name of officer and the position, or Airline/Port staff and the Airline/ship company) certify that the official seal number mentioned at B-2-3 (certification by official veterinarian) has been wholesome upon check in..

Date (year / month / day): _____ Signature: _____

and / or

- **Optional declaration** for the animal transported **via air route with transshipment.**

Note. This part shall be filled in by **an animal quarantine or custom officer or an Airline staff of the transshipped airport.**

I, _____ (name of officer and the position, or Airline staff and the company) certify that the animal mentioned at A-4 has been stayed within the airport during the transshipment at _____ (name of airport).

Date (year / month / day): _____ Signature: _____

and / or

- **Optional declaration** for the animal transported **via sea route with stop(s) at ports**

Note. This part shall be filled in by **a captain of the ship** transporting the animal, which made a stop at any port in a region other than the designated rabies-free region.

The animal was transported by a ship _____ (name of ship) which made stop(s) at _____ (all the port names and countries).

I _____ (name of captain and the ship company) certify that the animal mentioned at A-4 has neither left the ship nor been in contact with other animals during the voyage.

Date (year / month / day): _____ Signature: _____