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 AB

The correction shan be written	i adjacent to the original and	signeu.	rui III AD
Exporting country	United States (Hawaii)		
Consignor	Name:		
Consignor	Address:		
Consignee	Name:		
Consignee	Address :		
Q		NTIFICATION OF ANIMAL	
Species	Breed	Name	Sex \Box Male \Box Female
D-+(1:+1- (//	1.1)	Color	Use Use
Date of birth (yyyy/mm/dd) or Age		Color	
Microchip number		D-46:14:6:	Pet Other:
		Date of identification (yyyy/mm/dd)	
		INSPECTION BY VETERIN mbarkation (Inspection within 10 da	
	Immediately before e.	mbarkation (Inspection within 10 da	ys is acceptable /
Ι,		, a veterinarian certif	y that;
		he animal and confirmed the	
 The animal has sl 	nown no clinical signs o	f rabies (and leptospirosis onl	y for dog).
Address of veterinari	an:		
Tradross of votormars			_
Date of inspection (yy	vvv/mm/dd):	Signature:	
Date of Hispection (5)			I TOMODINA DI AN
1.70 : 1 (1.1.4)		OFFICIAL GOVERNMENT	VETERINARIAN
1. Residency (check th	e relevant box)		
		nt in the exporting country for	r at least 180 days immediately before
	n, or since its birth.		1 . 1. (1 . (16 .)
			nce being directly imported from Japan.
		for 180 days before shipment	t in the exporting country before to Japan.)
A country that the	e animal had been resid	lent before entering the expor	ting country:
Entry date (yyyy/i	mm/dd):		
	•	ad period, if applicable):	
		st two years prior to export in	the exporting country
		nd sealed. Seal Number:	one experimg country.
		e must be sealed or an ANNE	Y form is nacassary
TV.D./ II viio aiiiiiai i		OFFICIAL GOVERNMENT	<u> </u>
Ι,		, an official government	veterinarian of exporting country certify
that to the best of my	knowledge and belief a	ll the details mentioned above	e are true and correct.
Nama and address of	office:		
Name and address of	office.		-
			_
Signature:			OFFICIAL GOVERNMENT STAMP
			Date (yyyy/mm/dd):