## 狂犬病予防法及び家畜伝染病予防法に基づく犬の輸出検査申請

APPLICATION FOR EXPORT INSPECTION OF DOG

UNDER THE RABIES PREVENTION LAW AND THE DOMESTIC ANIMAL INFECTIOUS DISEASES CONTROL LAW

JJJJJJJJJJJJE



Year Month Day

申請者住所氏名及び連絡先 Name and address of applicant

署名 (Signature)

氏名 Name: 

住所 Address: 

電話番号 Telephone: XXXXXXXXX1XXXXXXXXE

動物検疫所長 殿

To the chief of Animal Quarantine Service 下記の動物の輸出検査を申請いたします。

I hereby apply fo	or the export quara	ntine inspecti	on of the und	dermentioned	animal(s).			
申請番号 / Application No.		(XXXXXXXXIXXE						
動物の種類 / Species of animal(s)		XXXXXXXXE		頭数 / Quantity NNE				
名称 / Name of anir	mal(s) XX	(XXXXXXXX1XXXXXXX	XX2XXXXXXXXXX	XXXXXXXXE				
品種 / Breed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				毛色 / Color				
性別 / Sex XXXXXE				用途 / Use	XXXXXXXXXX1XXXX	XXXXXE		
生年月日 (年齢)	XXXXXXXXXE		仕向国名 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Date of birth(Age)	XXXXXXXXXX1XXXXXXX	XX2XE		Country of d	estination	^^   ^^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^		
体長 / Length	NNE cm	体高 / Height	NNE ci	n	体重 / Weight	NNE kg		
搭載年月日及び搭載地 XXXXXXXXE 搭載船舶(航空機)名 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
荷送人住所氏名 Name and address of consignor  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
荷受人住所氏名 Name and address of	f consigned XX	(XXX9XXXXXXXXXXX	XXXXXXXXX1XXXX	XXXXX2XXXXXXXX	(XXXXX5XXXXXXXXX6XX) (X3XXXXXXXXXAXXE (XXXXX5XXXXXXXXXX6XX)	(XXXXXX7XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
飼養場所(購入場所) Name of keeping pla			JJE	輸送形態 cargo or	hand luggage X	XXXXXXXX1XE		
Name of Keeping pro	ace (or purchase)			AWB No.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X2XXXXXXXXXXXXXE		
購入年月日 Date of purchase(y	year/month/day) XX	XXXXXXXE	帰国予定 Scheduled	年月日 d date of re-entry to Japan(year/month/day) XXXXXXE				
個体識別方法(マイクロチップ等) Means for identification(e.g.microchip) XXXXXXXE 個体識別番号/マーク Identification number/Mark XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
標識年月日 XXXXXXXXXE 標識部位 XXXXXXXXE マイクロチップ(リーダー)の種類 Location of identification Type of microchip (reader) XXXXXXXXX								
狂犬病予防接種	接種年月日	有効期限 予防液の						
Rabies vaccination	Date of vaccination		Kind of			ct and manufacturer		
	XXXXXXXXXE XXXXXXXXXE	XXXXXXXXXE XXXXXXXXXE	XXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
狂犬病抗体検査	血液採取年月日 / Da-					titer XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Rabies serological	検査機関名及び住所 / Name of address of the designated laboratory							
test						(8XXXXXXXXXX9XXXXXXXXXE		
	· ·					(8XXXXXXXXXX9XXXXXXXXE		
その他の予防接種	接種年月日	有効期限	予防液(			品名及び製造会社		
Other vaccination	Date of vaccination					ct and manufacturer		
	XXXXXXXXXE XXXXXXXXXE	XXXXXXXXXE XXXXXXXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			X2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
備考 Re-	entry to Japan: XXE							
Remarks 111111111111111111111111111111111111								
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輸出検査申請 別紙 Attached sheet for application for export inspection of dog

狂犬病予防接種	接種年月日	有効期限	予防液の種類	予防液の製品名及び製造会社				
Rabies vaccination	Date of vaccination	Date of expiry	Kind of vaccine	Name of product and manufacturer				
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXX1XXXXE	XXXXXXXXX1XXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXX1XXXXE	XXXXXXXXX1XXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXX1XXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXX1XXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXXX1XXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
狂犬病抗体検査	血液採取年月日 / Date of blood sampling XXXXXXXXXX							
Rabies serological test	検査機関名及び住所 / Name of address of the designated laboratory							
	XXXXXXXXX1XXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	XXXXXXXXX1XXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	血液採取年月日 / Date of blood sampling XXXXXXXXX							
	検査機関名及び住所 / Name of address of the designated laboratory							
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							

申請番号 / Application No. XXXXXXXXXX1XXE