## 狂犬病予防法及び家畜伝染病予防法に基づく犬の輸入検査申請

APPLICATION FOR IMPORT INSPECTION OF DOGS

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

JJJJJJJJJJJJE Year Month Day

rear 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: XXXXXXXXXXXXXE

動物検疫所長 殿

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

下記の動物の輸入検査を申請いたします。 I hereby apply for the import quarantine inspection of the w	undermentioned animal(s).						
申請番号 / Application No. XXXXXXXXXXXXXXX	共通管理番号 XXXXXXXXXE						
届出受理番号 / Approval No. XXXXXXXXXE							
動物の種類 / Species of animal(s) JJJJJJJJJE XXXXXXXXE	頭数 / Quantity NNE						
名称 / Name of animal(s) JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ							
個体識別方法(マイクロチップ等) JJJJJJJJJJJJJJJ Means for identification(e.g.microchip) XXXXXXXE	個体識別番号/マーク XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
標識年月日 XXXXXXXXXE 標識部位 Date of identification(year/month/day) Location of identific	JJJJJJJE マイクロチップ(リーダー)の種類 ation XXXXXXXE Type of microchip(reader) XXXXXXXXX						
体長 / Length NNE cm 体高 / Height	NNE cm 体重 / Weight NNE kg						
品種 JJJJJJJJJJJJJJJJJJJJJE Breed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	毛色 Color						
性別 JJJJJJJJJE Sex XXXXXE	用途						
生年月日(年齢) Date of birth(Age)  XXXXXXXXXIXE  XXXXXXXXXXXXXXXXXXXXXXX	仕出国名       JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ						
搭載年月日及び搭載地 XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX							
対象を表現しています。							
荷送人住所氏名 Name and address of consignor  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
荷受人住所氏名 Name and address of consignee  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
仕出地 (飼養施設名称及び住所) Name and address of the facility in which the animal(s) was/were kept XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
性问地(名称及O住所) 」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」」	33      131        14						
過去1年以内の訪問国及びその年月日 Countries visited in the past 12 months and the date of visi							

狂犬病予防接種 Rabies vaccination	接種年月日 Date of vaccination (year/month/day)	有効期限 Date of expiry (year/month/day)	予防液の種類 Kind of vaccine		予防液の製品名及び製造会社 Name of product and manufacturer		
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狂犬病抗体検査 Rabies serological	血液採取年月日 Date of blood samp	ling(year/month/d	lay) XXXXXXXXE	抗体 Ant	b価 ibody titer	XXXXXXXXIXXXXXE	
test	檢查機関名及び住所 Name and address of the designated laboratory XXXXXXXXX1XXXXXXXXXXXXXXXXXXXXXXXXXXX						
	血液採取年月日 Date of blood samp	抗体 ling(year/month/day) XXXXXXXXE 抗体 Ant:		b価 ibody titer	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
	検査機関名及び住所 Name and address of the designated laboratory XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
その他の予防接種 Other vaccination	接種年月日 Date of vaccination (year/month/day)	有効期限 Date of expiry (year/month/day)	予防液の種類 Kind of vaccine		予防液の製品名及び製造会社 Name of product and manufacturer		
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備考 Has the animal been kept in the designated regions for at least 180 days or since birth? XXXXXXE							
Remarks  Has blood sampling for serological test been performed in Japan? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
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申請番号 / Application No.

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