狂犬病予防法に基づく動物の輸入検査申請

APPLICATION FOR IMPORT INSPECTION OF ANIMALS UNDER THE RABIES PREVENTION LAW

JJJJJJJJJJJJE Year Month Day



署名 (Signature)

rear month Day

Name and address of applicant

申請者住所氏名及び連絡先

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 undermentioned animal(s).						
申請番号 / Application No. XXXXXXXXXXXXXX	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 XXXXXXXXXE	頭数 / Quantity NNE					
名称 / Name of animal(s)						
個体識別方法(マイクロチップ等) JJJJJJJJJJJJJJJJ Means for identification(e.g.microchip) XXXXXXXXE	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 identification	JJJJJJJE マイクロチップ (リーダー) の種類 tion XXXXXXXE Type of microchip(reader) XXXXXXXXX					
品種 JJJJJJJJJJJJJJJJJJE Breed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	毛色 Color JJJJJJJJJJJJJJJJE					
性別 JJJJJJJJE Sex XXXXXE	用途 Use XXXXXXXXXIXXXXXXXXXXXXXXXXXXXXXXXXXXX					
生年月日(年齢) XXXXXXXXXXXXXXX JXE JJJJJJJJJJJJJJJE XXXXXXXX	仕出国名JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ					
体長 / Length NNE cm 体高 / Height	NNE cm 体重 / Weight NNE kg					
搭載年月日及び搭載地 XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX						
対象を表現しています。 対象						
荷送人住所氏名XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
荷受人住所氏名 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
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						
	33 131					
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 visits JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ						

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	
(Dogs and cats only)	XXXXXXXXXE	XXXXXXXXXE	JJJJJJJJE XXXXXXXXXXXXXXXXXX		JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ	
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狂犬病抗体検査 (犬及び猫に限る)	血液採取年月日 Date of blood samp	ling(year/month/d	day) XXXXXXXXXE	抗体 Ant	k価 JJJJJJJJJJE ibody titer XXXXXXXXXXXXXXXX	
test (Dogs and cats only)	検査機関名及び住所 Name and address of the designated laboratory XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
	血液採取年月日 Date of blood samp	抗体 ling(year/month/day) XXXXXXXXE 抗体 Ant:		ド価 JJJJJJJJJJE ibody titer XXXXXXXXXXXXXXXXX		
	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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