

# 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 : XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXXE

住所 Address : XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXX6XXXXXXXXXX7XXE

電話番号 Telephone : XXXXXXXXX1XXXXXXXXXXE

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 for the export quarantine inspection of the undermentioned animal(s).

申請番号 / Application No.		XXXXXXXXX1XXE	
動物の種類 / Species of animal(s)		XXXXXXXXXE	頭数 / Quantity NNE
名称 / Name of animal(s) XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXXE			
品種 / Breed		XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXXE	毛色 / Color JJJJJJJJJ1JJJJJJJJ2JJJJJJJJJE
性別 / Sex		XXXXXE	用途 / Use XXXXXXXXX1XXXXXXXXXXE
生年月日 (年齢) Date of birth(Age)		XXXXXXXXXE XXXXXXXXX1XXXXXXXXXX2XE	仕向国名 Country of destination XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXXE
体長 / Length	NNE cm	体高 / Height	NNE cm
搭載年月日及び搭載地 Date and place of embarkation		XXXXXXXXXE XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXXE	搭載船舶 (航空機) 名 Name of vessel (or flight No.) XXXXXXXXX1XXXXXXXXXX2 XXXXXXXXXX3XXXXE
荷送人住所氏名 Name and address of consignor		XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXX6XXXXXXXXXX7XXXXXXXXXX8XXXX XXXXX9XXXXXXXXXX0XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXXE XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXX6XXXXXXXXXXE	
荷受人住所氏名 Name and address of consignee		XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXX6XXXXXXXXXX7XXXXXXXXXX8XXXX XXXXX9XXXXXXXXXX0XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXE XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXX6XXXXXXXXXXE	
飼養場所 (購入場所) Name of keeping place (or purchase)		JJJJJJJJJ1JJJJJJJJJE	輸送形態 cargo or hand luggage XXXXXXXXX1XE AWB No. XXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXE
購入年月日 Date of purchase (year/month/day)		XXXXXXXXXE	帰国予定年月日 Scheduled date of re-entry to Japan(year/month/day) XXXXXE
個体識別方法 (マイクロチップ等) Means for identification(e.g.microchip)		XXXXXXXXXE	個体識別番号/マーク Identification number/Mark XXXXXXXXX1XXXXXXXXXE
標識年月日 Date of identification (year/month/day)		XXXXXXXXXE	マイクロチップ (リーダー) の種類 Type of microchip (reader) XXXXXXXXXE
狂犬病予防接種 Rabies vaccination	接種年月日 Date of vaccination	有効期限 Date of expiry	予防液の種類 Kind of vaccine
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE
狂犬病抗体検査 Rabies serological test	血液採取年月日 / Date of blood sampling		抗体価 / Antibody titer
	XXXXXXXXXE		XXXXXXXX1XXXXE
	検査機関名及び住所 / Name of address of the designated laboratory XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXX6XXXXXXXXXX7XXXXXXXXXX8XXXXXXXXXX9XXXXXXXXXXE XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4XXXXXXXXXX5XXXXXXXXXX6XXXXXXXXXX7XXXXXXXXXX8XXXXXXXXXX9XXXXXXXXXXE		
その他の予防接種 Other vaccination	接種年月日 Date of vaccination	有効期限 Date of expiry	予防液の種類 Kind of vaccine
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXXXXXXX2XXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXXXXXXX2XXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXXXXXXX2XXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXXXXXXX2XXXXE
備考 Remarks	Re-entry to Japan : XE		
	JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8JJJJJJJJ9JJJJJJJJJE		
	JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8JJJJJJJJ9JJJJJJJJJE		
	JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8JJJJJJJJ9JJJJJJJJJE		
	JJJJJJJJ1JJJJJJJJ2JJJJJJJJ3JJJJJJJJ4JJJJJJJJ5JJJJJJJJ6JJJJJJJJ7JJJJJJJJ8JJJJJJJJ9JJJJJJJJJE		

輸出検査申請 別紙

Attached sheet for application for export inspection of dog

狂犬病予防接種 Rabies vaccination	接種年月日 Date of vaccination	有効期限 Date of expiry	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
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE	XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE	XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE	XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXXXE
	XXXXXXXXXE	XXXXXXXXXE	XXXXXXXXX1XXXXE	XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXXXE
狂犬病抗体検査 Rabies serological test	血液採取年月日 / Date of blood sampling XXXXXXXXE			抗体価 / Antibody titer XXXXXXXX1XXXXXE
	検査機関名及び住所 / Name of address of the designated laboratory			
	XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXX7XXXXXXXXX8XXXXXXXXX9XXXXXXXXXXE			
	XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXX7XXXXXXXXX8XXXXXXXXX9XXXXXXXXXXE			
	血液採取年月日 / Date of blood sampling XXXXXXXXE			抗体価 / Antibody titer XXXXXXXX1XXXXXE
検査機関名及び住所 / Name of address of the designated laboratory				
XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXX7XXXXXXXXX8XXXXXXXXX9XXXXXXXXXXE				
XXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4XXXXXXXXX5XXXXXXXXX6XXXXXXXXX7XXXXXXXXX8XXXXXXXXX9XXXXXXXXXXE				

申請番号 / Application No.      XXXXXXXX1XXE
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