## 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

JJJJJJJJJJJJJE

XXXXXXXXXXXXXX

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: XXXX

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 u	undermentioned animal(s).			
申請番号 / Application No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	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) JJJJJJJJJJJJJJJ Means for identification(e.g.microchip) XXXXXXXXE	個体識別番号/マーク XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
標識年月日 XXXXXXXXE 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 JJJJJJJJJJJJJJJJJJJJJ Breed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	毛色			
性別 JJJJJJJJJE Sex XXXXXE	用途 JJJJJJJJJJJJJJE Use XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
生年月日(年齢) Date of birth(Age)  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	仕出国名JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ			
搭載年月日及び搭載地 XXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXX	搭載船舶(航空機)名 JJJJJJJJJJJJJJJJJ Name of vessel (or flight No.) JJJJJJJJJJJJE			
対象を表現している。				
一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一				
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  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
(年内地(名称及び住所) JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ				
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	
	XXXXXXXXXE	XXXXXXXXE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]]	
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狂犬病抗体検査 Rabies serological test					
	検査機関名及び住所 Name and address of the designated laboratory				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
	9XXXXXXXXE XXXXXXXXXXXXXXXXXXXXXXXXXXXX				
その他の予防接種	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	
Other vaccination	Date of vaccination (year/month/day)	Date of expiry (year/month/day)	Kind of vaccine	Name of product and manufacturer	
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申請番号 / Application No.

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