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						
JJJJJJJJJJJJJJE Year Month Day				XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
申請者住所氏名及び連絡先 Name and address of applicant				署名 (Signature)		
住所 Address: XX	XXXXXXXXX1XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
電話番号 Telephone: XX 動物検疫所長 殿	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
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。 I hereby apply for the import quarantine inspection of the undermentioned animal(s).						
申請番号 / Application No. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			共通管理番号 XXXXXXXXE			
届出受理番号 / Approval No. XXXXXXXXE						
動物の種類 / Species of animal(s) JJJJJJJJJE XXXXXXXXE			頭数 / Quantity NNE			
名称 / Name of animal(s)						
個体識別方法 (マイクロチップ等) JJJJJJJJJJJJJJJJJ Means for identification(e.g.microchip) XXXXXXXE				識別番号/マーク XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
品種 JJJJJJJJJJJJJJJJJJJJJJJJJ Breed XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
性別 JJJJJJJJJE Sex XXXXE		用途 JJJJJJJJJJJJJJJJJJE Use XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
生年月日(年齢) XXXXXXXXXXXX JXE JJJJJJJJJJJJJJJE Date of birth XXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXX			仕出国名JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJCountry of exportXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
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 XXXXXXXXE XXXXXXXXXXXXXXXXXXXXXXXXXXX			搭載船舶(航空機)名 JJJJJJJJJJJJJJJJJJJJJJ Name of vessel (or flight No.) JJJJJJJJJJJJJJJ			
輸送形態 JJJJJJJJE 到着年月日及び到着港 JJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJJ						
AWD/DL# 7 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
荷送人住所氏名XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
荷受人住所氏名 XXXX	XXXXX9XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX1XXXXXXX	(XX2XX)	XXXXXX5XXXXXXXX6XXXXXXX7XXXXXXXXXXXXXXX		
仕出地(飼養施設名称及び住所) Name Andrews (11) - 11 - 11 - 11 - 11 - 11 - 11 - 11						
Name and address of the facility in which the animal(s) was/were kept XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
11回地(名林及び住所) JJJJ	111110111111110111111	111111111	IJJE	111111211111116111111111E		
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						

狂犬病予防接種 (犬及び猫に限る) Rabies vaccination (Dogs and cats only)	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 (犬及び猫に限る)	血液採取年月日 Date of blood sampling(year/month/day) XXXXXXXXE			抗体価 JJJJJJJJJJJJE Antibody titer XXXXXXXX1XXXXE		
(Dogs and cats only) 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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申請番号 / Applicatio	on No. XXX	XXXXXXXXXXXXX				