

VETERINARY HEALTH CERTIFICATE

For Import/Export for Japan

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

AUTHORITY: 10 U.S.C. Sections 133 and 8012.

PRINCIPAL PURPOSE(S): To indicate general health examination of the animal to permit international movement.

ROUTINE USE(S): Used as health certificate to permit international movement of animal.

DISCLOSURE IS VOLUNTARY: Providing personal information is voluntary. However, if information is not disclosed by the owner, international movement may not be allowed.

TYPE OR PRINT NAME OF OWNER (Last, First, MI)				
COMPLETE ADDRESS (Include Zip Code)		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <input type="checkbox"/> 3 MO. TO 12 MO. <input type="checkbox"/> 12 MO. OR OLDER DOB _____	SIZE <input type="checkbox"/> UNDER 20 LBS <input type="checkbox"/> 20 - 50 LBS <input type="checkbox"/> OVER 50 LBS
NAME OF ANIMAL				
RABIES VACCINE HISTORY	Most Recent	Prior	PREDOMINANT BREED	SPECIES <input type="checkbox"/> DOG <input type="checkbox"/> CAT
PRODUCER (First 3 letters)			TAG NUMBER	COLOR(S)
Rabies Vaccine Name			OTHER VACCINATIONS <input type="checkbox"/> DA2PPL-Cvk/FVRCCP DATE: _____	
Vaccine Effective Period	1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/>	1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/>	MICROCHIP/IDENTIFICATION DATA	
Vaccine Type	Killed <input type="checkbox"/> Modified <input type="checkbox"/>	Killed <input type="checkbox"/> Modified <input type="checkbox"/>	Implantation Date	DD/MM/YY _____
Lot/Serial Number			Microchip number	
Vaccination Date			Type of Microchip	
Vaccine Expiration date			Tattoo number	N/A
FLUORESCENT ANTIBODY VIRAL NEUTRALIZATION TEST(S) (FAVN)				
Dates of Sampling	Veterinarian Name and Address	Laboratory Name and Registration number	Test Results (≥0.5 IU/ml)	
<p><i>This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.</i></p>				
VETERINARIAN NAME, GRADE, UNIT, AND STATE LICENSE NUMBER (Include state abbreviation and number)			SIGNATURE	DATE