

**Certificate for dogs, cats, foxes, raccoons, or skunks to be imported into Japan
from NON-DESIGNATED REGION**

Either type or write clearly in BLOCK letters in English. Do not use pencils or erasable ink to fill in.
No correction fluid shall be used. The original entry shall be struck through and remain legible.
The correction shall be written adjacent to the original and signed.

Quarantine
Form AC

Exporting country			
Consignor		Name :	
		Address :	
Consignee		Name :	
		Address :	
IDENTIFICATION OF ANIMAL			
Species	Breed	Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age		Color	Use <input type="checkbox"/> Pet <input type="checkbox"/> Other:
Microchip number		Date of identification (yyyy/mm/dd)	
RABIES VACCINATION (produced in accordance with OIE standard) *Please write from latest one			
Date of vaccination (yyyy/mm/dd)	Vaccine effective period (year)	Name of product and manufacturer *Type of vaccine should be inactivated or recombinant	
I	year(s)		
II	year(s)		
III	year(s)		
IV	year(s)		
V	year(s)		
VI	year(s)		
RABIES SEROLOGICAL TEST			
Date of blood drawing (yyyy/mm/dd)	Antibody titer (IU/ml)	The designated laboratory	
I		Name :	
		Country :	
II		Name :	
		Country :	
CLINICAL INSPECTION BY VETERINARIAN *Immediately before embarkation (Inspection within 10 days is acceptable)			
I, _____, a veterinarian certify that:			
<ul style="list-style-type: none"> · I have read the microchip implanted in the animal and confirmed the number. · The animal has shown no clinical signs of rabies (and leptospirosis only for dog). 			
Address of veterinarian: _____			
Date of inspection (yyyy/mm/dd): _____ Signature: _____			
ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN			
I, _____, an official government veterinarian of exporting country certify that to the best of my knowledge and belief all the details mentioned above are true and correct.			
Name and address of office: _____			

Signature: _____			
		OFFICIAL GOVERNMENT STAMP Date (yyyy/mm/dd): _____	

Attached Certificate
for dogs, cats, foxes, raccoons, or skunks to be imported into Japan

N.B.) This certificate is used ONLY FOR ATTACHMENT to Form AB, Form AC or Form RE.

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Quarantine

IDENTIFICATION OF ANIMAL			
Microchip number	Name		
RABIES VACCINATION (produced in accordance with OIE standard) <small>*Please write from latest one</small>			
Date of vaccination (yyyy/mm/dd)	Vaccine effective period (year)	Name of product and manufacturer <small>*Type of vaccine should be inactivated or recombinant</small>	
	year(s)		
	year(s)		
	year(s)		
	year(s)		
	year(s)		
	year(s)		
RABIES SEROLOGICAL TEST			
Date of blood drawing (yyyy/mm/dd)	Antibody titer (IU/ml)	The designated laboratory	
		Name :	
		Country :	
		Name :	
		Country :	
OTHER VACCINATION (if applicable)			
Date of vaccination (yyyy/mm/dd)	Vaccine effective period (year or month)	Kind of vaccination	Name of product and manufacturer
REMARKS			
ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN			
I certify that the followings: <ul style="list-style-type: none"> · to the best of my knowledge and belief, all the details mentioned above are true and correct. · this certificate is attached to Form AB* / Form AC* / Form RE*. <small>*Delete as appropriate</small> 			
Signature: _____	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; flex-direction: column; justify-content: center; align-items: center;"> <div style="width: 100%; height: 100%;"></div> <div style="text-align: center;">OFFICIAL GOVERNMENT STAMP</div> <div style="text-align: center;">Date (yyyy/mm/dd):</div> </div>		