

Approval No. : _____

Form C 1/3
Last update: 15 APR 2010**Note.** This certificate consists of Form A and C. Each document becomes eligible with an official stamp by the exporting country.**C -1. Veterinary Certification****1 . Rabies Vaccination (Inactivated or Recombinant vaccine produced in accordance with the OIE standard)****Note.** Read the microchip implanted in the dog or cat mentioned at A-4 and confirm the number when vaccination has been given.

《 History of the rabies vaccination (Please write from latest one)》

	Date of vaccination (year / month / day)	Valid period (year) of vaccination* (circle the appropriate)	Name of product and manufacturer (batch number)	Name and address of veterinarian
		1Y, 2Y, 3Y (other Y)		
		1Y, 2Y, 3Y (other Y)		
		1Y, 2Y, 3Y (other Y)		
		1Y, 2Y, 3Y (other Y)		
		1Y, 2Y, 3Y (other Y)		

It can be substituted by an attachment of the certificate issued by the Animal Quarantine Officer, Ministry of Agriculture, Forestry and Fisheries(MAFF), Japan, certifying all the listed items.

* End of immunity calculated by reference to the validity period of the vaccine as stated on the manufacturer's data sheet.

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Form C 2/3
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2 . Rabies serological test (Please write from latest one)

Note. Read the microchip implanted in the dog or cat mentioned at A-4 and confirm the number when sampling.

The laboratory report of the result shall be attached. *

Date of Sampling (year / month / day)	
Name and address of veterinarian who took or supervised the blood sampling	
Name of the laboratory designated by the Japanese government	
Test result (IU/ml) (Equal to or greater than 0.5 IU/ml)	

Date of Sampling (year / month / day)	
Name and address of veterinarian who took or supervised the blood sampling	
Name of the laboratory designated by the Japanese government	
Test result (IU/ml) (Equal to or greater than 0.5 IU/ml)	

* It can be substituted by an attachment of the certificate issued by the Animal Quarantine Officer, Ministry of Agriculture, Forestry and Fisheries(MAFF), Japan, certifying all the listed items.

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Form C 3/3

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3 . Clinical examination: Immediately before embarkation (preferably within 48 hours)

I, _____, a veterinarian certify that;

- Today I have read the microchip implanted in the animal mentioned at A-4 and confirmed the number in A-4 (7).
- The animal mentioned at A-4 has been found to be free from any clinical signs of **rabies** when this certificate has been signed.
- The dog mentioned at A-4 has been found to be free from any clinical signs of **leptospirosis** when this certificate has been signed.

Address of veterinarian: _____

Date of clinical examination: _____ Signature: _____

4 . Other useful health information

(Necessary for the animal to be quarantined in the facility of Animal Quarantine Service upon arrival)

	Date of vaccination or treatment (year / month / day)	Valid period (year) of vaccination (circle the appropriate)*	Kind of vaccine or active ingredient(s)	Name and address of veterinarian
Other Vaccination (except Rabies)		1Y, 2Y, 3Y (other Y)		
		1Y, 2Y, 3Y (other Y)		
Treatment of internal parasites				
Treatment of external parasites				

* End of immunity calculated by reference to the validity period of the vaccine as stated on the manufacturer's data sheet.

C -2 Endorsement by Official Veterinarian

I, _____, a government veterinarian of exporting country certify that to the best of my knowledge and belief all the details filled in the Form A and C that I have endorsed each document with an official stamp, are true and correct.

Official position : _____

Country : _____

Name and address of Office : _____

Signature : _____

OFFICIAL GOVERNMENT STAMP

Date: