

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

INFORMATION OF OWNER

Type of Print Name of Owner (Last, First, MI):	Telephone Number:
Complete Address (Include Zip Code)	

DESCRIPTION OF ANIMAL

Name of Animal:	Species: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> ()	Tag Number:
Predominant Breed:	Color(s):	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> 3 – 12 months <input type="checkbox"/> 12 months or older Date of Birth (dd/mm/yyyy): _____	Weight: <input type="checkbox"/> Under 20 lbs <input type="checkbox"/> 20 – 50 lbs <input type="checkbox"/> Over 50 lbs

RABIES IMMUNIZATION DATA

MICROCHIP/IDENTIFICATION DATA

Rabies Vaccine History	Most Recent	Prior	Implantation Date (dd/mmm/yy)	
Producer (First 3 letters)				
Rabies Vaccine Name				
Vaccine Effective Period	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years	Microchip Number	
Vaccine Type	<input type="checkbox"/> Killed <input type="checkbox"/> Recombinant	<input type="checkbox"/> Killed <input type="checkbox"/> Recombinant	Manufacturer of Microchip	
Lot/Serial Number				
Vaccination Date (d/m/y)			Tattoo Number	
Vaccine Expiration Date				<input type="checkbox"/> N/A

Other Vaccinations: DA2PPL-Cvk / FVRCCP Date: _____

FLUORESCENT ANTIBODY VIRAL NEUTRALIZATION TEST(S) (FAVN)

Date of Sampling (dd/mm/yyyy):	Veterinarian Name and Address:
Test Results (≥0.5 IU/ml): IU/ml	Laboratory Name and Registration Number:

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.

Veterinarian Name, Grade, Unit and State License Number (Include state abbreviation and number):

Signature	Date
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