

Model animal health
from
in accordance

青色もしくは赤字で表示されている箇所について、別添の入力/記入用のフォームに入力するか、印刷後に記入して下さい。(この記入例に記入しないでください。)

COUNTRY: JAPAN

Veterinary certificate to EU

Part I : Details of dispatched consignment	I.1. Consignor Name Address Tel.		I.2. Certificate reference No		I.2.a.			
	I.5. Consignee Name Address Postal code Tel.		I.3. Central competent authority MINISTRY OF AGRICULTURE, FORESTRY & FISHERIES					
			I.4. Local competent authority ANIMAL QUARANTINE SERVICE NARITA BRANCH					
			I.6. Person responsible for the consignment in the EU					
	I.7. Country of origin	ISO code	I.8. Region of origin	Code	I.9. Country of destination	ISO code	I.10. Region of destination	Code
	JAPAN	JP						
	I.11. Place of origin			I.12. Place of destination				
	I.13. Place of loading			I.14. Date of departure				
	I.15. Means of transport			I.16. Entry BIP in EU				
				I.17. No.(s) of CITES				
	I.18. Description of commodity DOG / CAT					I.19. Commodity code (HS code) 010619		
						I.20. Quantity		
	I.21. Temperature of products					I.22. Total number of packages		
	I.23. Seal/Container No					I.24. Type of packaging		
	I.25. Commodities certified for: Pets <input checked="" type="checkbox"/>							
	I.26. For transit to 3 rd Country				I.27. For import or admission into EU			
	I.28. Identification of the commodities							
Species (Scientific name)	Sex	Colour	Breed	Identification number	Identification system	Date of birth [dd/mm/yyyy]		
DOG (<i>Canis lupus familiaris</i>)					MICROCHIP			
CAT (<i>Felis silvestris catus</i>)								

氏名、日本のご住所、電話番号をアルファベットにて入力/記入して下さい。

氏名、渡航先の国での住所、郵便番号、電話番号をアルファベットにて入力/記入して下さい。

ペットの種類を選択して下さい。
対象でない動物は削除して下さい。

←連れて行くペットの頭数を入力/記入して下さい。
例：1 (1頭の場合)

Sex→性別
Colour→毛色
Breed→品種
それぞれ入力/記入して下さい。

マイクロチップの番号を入力/記入して下さい。

生年月日を入力/記入して下さい。(日/月/年の順)

COUNTRY
JAPAN

Non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013

II. Health information	II.a. Certificate reference No	II.b.
------------------------	--------------------------------	-------

I, the undersigned official veterinarian⁽¹⁾/~~veterinarian authorised by the competent authority⁽¹⁾~~ of.....**JAPAN**..... (insert name of territory or third country).....

Purpose/nature of journey attested by the owner:

II.1. the attached declaration⁽²⁾ by the owner or the natural person who is authorised in writing from the owner to carry out the non-commercial movement of the animals described in Box I.28 supported by evidence⁽³⁾, states that the animals described in Box I.28 are the animals of the natural person who has authorisation in writing from the owner to carry out the non-commercial movement of the animals on behalf of the owner within not more than six months and are not subject to a movement that aims at their sale or a transport to a third country and will remain under the responsibility of the owner.

ペットを連れて行く方を選択してください。①②③のうち該当する記載のみ残し、残りの記載を2重線で削除してください。

←(1)所有者
←(2)代理人
←(3)代行業者

削除例：ペットを連れて行く方が所有者の場合

Word で削除する方法 (下図参照)

①ホームをクリック
 ②フォントの右下をクリック
 ③2重取り消し線をクリック
 ④OKボタンをクリック

Part II: Certification

※注意：記入用の EU フォーム（ブランク）について、今回の輸出に不要な記載内容をあらかじめ削除したものを送付しております。この記入方法サンプルと記載内容が異なる場合がございますが、赤字の指示内容以外に文章の追加・削除等を行わないで下さい。

EN

EN

COUNTRY
JAPAN

Non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013

II. Health information	II.a. Certificate reference No	II.b.
------------------------	--------------------------------	-------

prior to the date of issue of this certificate, proved an antibody titre equal to or greater than 0.5 IU/ml⁽⁹⁾ and any subsequent revaccination was carried out within the period of validity of the preceding vaccination⁽⁶⁾, and the details of the current anti-rabies vaccination and the date of sampling for testing the immune response are provided in the table below:

Transponder or tattoo		Date of vaccination [dd/mm/yyyy]	Name and manufacturer of vaccine	Batch number	Validity of vaccination		Date of the blood sampling [dd/mm/yyyy]
Alphanumeric code of the animal	Date of implantation and/or reading ⁽¹⁰⁾ [dd/mm/yyyy]				From [dd/mm/yyyy]	to [dd/mm/yyyy]	
マイクロチップ番号を入力/記入して下さい。	マイクロチップの装着日（装着日が不明な場合は読み取り日）（日/月/年の順）を入力/記入して下さい。	狂犬病ワクチン接種日を入力/記入して下さい。（日/月/年の順）	ワクチンの製造会社名と製品名を英語で入力/記入して下さい。	ワクチンのパッチ番号またはロット番号を入力/記入して下さい。	ワクチンの接種日を入力/記入して下さい。（日/月/年の順）	ワクチンの有効期限を入力/記入して下さい。（日/月/年の順）	日本の狂犬病ワクチンの有効期限は1年間です。

Attestation of anti-parasite treatment:

~~†either [II.4. the dogs described in Box I.28 are destined for a Member State listed in Annex I to Commission Delegated Regulation (EU) No 1152/2011 and have been treated against *Echinococcus multilocularis*, and the details of the treatment carried out by the administering veterinarian in accordance with Article 7 of Commission Delegated Regulation (EU) No 1152/2011⁽¹¹⁾⁽¹²⁾⁽¹³⁾ are provided in the table below.]~~

⁽¹⁾or [II.4. the dogs described in Box I.28 have not been treated against *Echinococcus multilocularis*⁽¹¹⁾.]

駆虫が必要な国・地域にペットを連れて行く方は(1)の2重線をなくし、(2)の部分も2重線で削除してください。

←(1)駆虫必要

←(2)駆虫不要

Transponder or tattoo number of the dog	Anti-echinococcus treatment		Administering veterinarian
	Name and manufacturer of the product	Date [dd/mm/yyyy] and time of treatment [00:00]	Name in capitals, stamp and signature
マイクロチップ番号を入力/記入して下さい。	薬品の製品名と製造会社名をアルファベットで入力/記入して下さい。	駆除を実施した日付（日/月/年の順）と時刻を入力/記入して下さい。	処置を実施した獣医師の氏名（アルファベットの大字）、印鑑の押印、署名を記入していただき下さい。【印刷後に黒以外のインク（ペン）で直筆してもらうこと】

↑この欄は、エキノコックス駆除が必要な場合のみ、入力/記入してください。

Notes

- (a) This certificate is meant for dogs (*Canis lupus familiaris*), cats (*Felis silvestris catus*) and ferrets (*Mustela putorius furo*).
- (b) This certificate is valid for 10 days from the date of issue by the official veterinarian until the date of the documentary and identity checks at the designated Union travellers' point of entry (available at http://ec.europa.eu/food/animal/liveanimals/pets/pointsentry_en.htm).
In the case of transport by sea, that period of 10 days is extended by an additional period corresponding to the duration of the journey by sea.
For the purpose of further movement into other Member States, this certificate is valid from the date of the documentary and identity checks for a total of four months or until the date of expiry of the validity of the anti-rabies vaccination or until the conditions relating to animals less than 16 weeks old referred to in point II.3 cease to apply, whichever date is earlier. Please note that certain Member States have informed that the movement into their territory of animals less than 16 weeks old referred to in point II.3 is not authorised.

COUNTRY **Non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013**

JAPAN

II. Health information	II.a. Certificate reference No	II.b.
<p>You may wish to inquire at http://ec.europa.eu/food/animal/liveanimals/pets/index_en.htm.</p> <p>Part I:</p> <p>Box I.5: <i>Consignee</i>: indicate Member State of first destination.</p> <p>Box I.28: <i>Identification system</i>: select of the following: transponder or tattoo. <i>Identification number</i>: indicate the transponder or tattoo alphanumeric code. <i>Date of birth/breed</i>: as stated by the owner.</p> <p>Part II:</p> <p>(1) Keep as appropriate.</p> <p>(2) The declaration referred to in point II.1 shall be attached to the certificate and comply with the model and additional requirements set out in Part 3 of Annex IV to Implementing Regulation (EU) No 577/2013.</p> <p>(3) The evidence referred to in point II.1 (e.g. boarding pass, flight ticket) and in point II. 2 (e.g. receipt of entry to the event, proof of membership) shall be surrendered on request by the competent authorities responsible for the checks referred to in point (b) of the Notes.</p> <p>(4) Any revaccination must be considered a primary vaccination if it was not carried out within the period of validity of a previous vaccination.</p> <p>(5) The declaration referred to in point II.3.2 to be attached to the certificate complies with the format, layout and language requirements laid down in Parts 1 and 3 of Annex I to Implementing Regulation (EU) No 577/2013.</p> <p>(6) A certified copy of the identification and vaccination details of the animals concerned shall be attached to the certificate.</p> <p>(7) The third option is subject to the condition that the owner or the natural person referred to in point II.1 provides, on request by the competent authorities responsible for the checks referred to in point (b), a declaration stating that the animals have had no contact with animals of species susceptible of rabies and remain secure within the means of transport or the perimeter of an international airport during the transit through a territory or a third country other than those listed in Annex II to Implementing Regulation (EU) No 577/2013. This declaration shall comply with the format, layout and language requirements set out in Parts 2 and 3 of Annex I to Implementing Regulation (EU) No 577/2013.</p> <p>(8) The rabies antibody titration test referred to in point II.3.1:</p> <ul style="list-style-type: none"> - must be carried out on a sample collected by a veterinarian authorised by the competent authority, at least 30 days after the date of vaccination and three months before the date of import; - must measure a level of neutralising antibody to rabies virus in serum equal to or greater than 0.5 IU/ml; - must be performed by a laboratory approved in accordance with Article 3 of Council Decision 2000/258/EC (list of approved laboratories available at http://ec.europa.eu/food/animal/liveanimals/pets/approval_en.htm); - does not have to be renewed on an animal, which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination. <p>A certified copy of the official report from the approved laboratory on the results of the rabies antibody test referred to in point II.3.1 shall be attached to the certificate.</p> <p>(9) By certifying this result, the official veterinarian confirms that he has verified, to the best of his ability and where necessary with contacts with the laboratory indicated in the report, the authenticity of the laboratory report on the results of the antibody titration test referred to in point II.3.1.</p> <p>(10) In conjunction with footnote (6), the marking of the animals concerned by the implantation of a transponder or by a clearly readable tattoo applied before 3 July 2011 must be verified before any entry is made in this certificate and must always precede any vaccination, or where applicable, testing carried out on those animals.</p> <p>(11) The treatment against <i>Echinococcus multilocularis</i> referred to in point II.4 must:</p> <ul style="list-style-type: none"> - be administered by a veterinarian within a period of not more than 120 hours and not less than 24 hours before the time of the scheduled entry of the dogs into one of the Member States or parts thereof listed in Annex I to Delegated Regulation (EU) No 1152/2011; - consist of an approved medicinal product which contains the appropriate dose of praziquantel or pharmacologically active substances, which alone or in combination, have been proven to reduce the burden of mature and immature intestinal forms of <i>Echinococcus multilocularis</i> in the host species concerned. 		

COUNTRY
JAPAN

Non-commercial movement into a Member State from a territory or third country of dogs, cats or ferrets in accordance with Article 5(1) and (2) of Regulation (EU) No 576/2013

II. Health information	II.a. Certificate reference No	II.b.
<p>(12) The table referred to in point II.4 must be used to document the details of a further treatment if administered in Member States or</p> <p>(13) ↓この欄は、何も記入しないで下さい。 (※出国検査時に、動物検疫所職員が記入します。)</p> <p>administered after Member States described</p>		
<p>Official veterinarian/Authorised veterinarian</p> <p>Name (in capital letters): _____ Qualification and title: _____</p> <p>Address: _____ ANIMAL QUARANTINE OFFICER</p> <p>Telephone: _____</p> <p>Date: _____ Signature: _____</p> <p>Stamp: _____</p>		
<p>Endorsement by the competent authority (not necessary when the certificate is signed by an official veterinarian)</p> <p>Name (in capital letters): _____ Qualification and title: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>Date: _____ Signature: _____</p> <p>Stamp: _____</p>		
<p>Official at the travellers' point of entry (for the purpose of further movement into other Member States)</p> <p>Name (in capital letters): _____ Title: _____</p> <p>Address: _____</p> <p>Telephone: _____</p> <p>E-mail address: _____</p> <p>Date of completion of the documentary and identity checks: _____ Signature: _____ Stamp: _____</p>		

Part 3

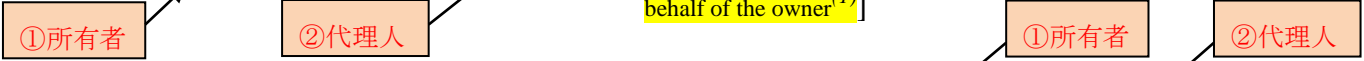
Written declaration referred to in Article 25(3) of of Regulation (EU) No 576/2013

Section A

ペットを連れて行く方（所有者又は代理人）のお名前をアルファベットの大文字で入力/記入してください（注意：代行業者が連れて行く場合には、所有者のお名前を入力/記入して下さい）。①②のうち該当する記載のみ残し、残りの記載を2重線で削除してください。

I, the undersigned

[owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner⁽¹⁾]



declare that the following pet animals are not subject to a movement that aims at their sale or a transfer of ownership and will accompany the owner or the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner⁽¹⁾ with

ペットを連れて行く方を選択してください。①②のうち該当する記載のみ残し、残りの記載を2重線で削除してください。

※何も記載しないでください。

Transponder ⁽¹⁾ alphanumeric code	Animal health certificate number
マイクロチップ番号を入力/記入して下さい。	

During the non-commercial movement, the above animal is the responsibility of

⁽¹⁾ either [the owner]; ←①所有者

ペットを連れて行く方を選択してください。①②③のうち該当する記載のみ残し、残りの記載を2重線で削除してください。

⁽¹⁾ or [the natural person who has authorisation in writing from the owner to carry out the non-commercial movement on behalf of the owner] ←②代理人

⁽¹⁾ or [the natural person designated by the carrier contracted to carry out the non-commercial movement on behalf of the owner: (insert name of the carrier)] ←③代行業者

※↑代行業者が連れて行く場合、代行業者名を入力/記入して下さい。

Place and date:

署名した場所と日付を入力/記入してください。（※「場所」についての書き方は、渡航先の国にご確認ください。）

Signature of the owner or natural person writing from the owner⁽¹⁾:
 ①所有者 ②代理人
 ペットを連れて行く方を選択してください。①②のうち該当する記載のみ残し、残りの記載を2重線で削除してください。

(1) delete as appropriate.

当課での内容確認後、最後に、連れて行かれる方（所有者又は代理人）のご署名を記入して下さい。【印刷後、黒以外のインク（ペン）で直筆で記入すること。】（代行業者はサインできません。代行業者が連れて行く場合には、所有者のご署名を記入して下さい。）