

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.



Form AC

Exporting country	Taiwan		
Consignor	Name : 輸出人姓名		
	Address : 臺灣地址		
Consignee	Name : 收貨人姓名		
	Address : 日本地址		
IDENTIFICATION OF ANIMAL			
Species 動物種別	Breed 品種	Name 動物名字	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age 動物生日(年/月/日)		Color 毛色	Use <input type="checkbox"/> Pet <input type="checkbox"/> Other:
Microchip number 晶片號碼		Date of identification (yyyy/mm/dd) 晶片植入日期(若與寵物登記證之原始登記日期不一致, 應請獸醫師說明原因、加註正確之晶片植入日期、簽名並蓋醫院章; 自國外輸入者可提供輸出國檢疫證明書佐證。)	
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 最新一次之狂犬病注射日	免疫效期(非疫苗保存期限) year(s)	疫苗品名+工廠名稱	
II 倒數第二次之狂犬病注射日	同上 year(s)	同上	
III 倒數第三次...(可不填)	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 抽血日期	抗體力價	Name : 實驗室名稱 Country : 實驗室國別	
II		Name : Country :	
CLINICAL INSPECTION BY VETERINARIAN *Immediately before embarkation (Inspection within 10 days is acceptable)			
<div style="display: flex; justify-content: space-between;"> <div> <p>I, _____, a veterinarian certify that;</p> <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). <p>Address of veterinarian: _____ 獸醫院地址</p> <p>Date of inspection (yyyy/mm/dd): _____ 檢查日期(出發10日內) Signature: _____ 獸醫師簽名</p> </div> <div style="text-align: right;"> <p>(本紅框欄位皆由獸醫師填寫)</p> <div style="border: 1px solid green; padding: 5px; display: inline-block;">※建議蓋醫院章</div> </div> </div>			
ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN			
<p>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.</p> <p>Name and address of office : _____</p> <p>(本紅框欄位皆由檢疫機關填寫)</p> <p>Signature: _____</p> <div style="border: 1px solid black; padding: 10px; margin-top: 10px; text-align: center;"> <p>OFFICIAL GOVERNMENT STAMP</p> <p>Date (yyyy/mm/dd): _____</p> </div>			

※獸醫師簽署欄位建議蓋醫院章，以縮短審查及查證時間

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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: • 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: _____			
		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> OFFICIAL GOVERNMENT STAMP Date (yyyy/mm/dd): _____ </div>	