



Issue No.

**INTERNATIONAL VETERINARY CERTIFICATE
(BIRDS)**

I. IDENTIFICATION OF ANIMAL(S)

II. ORIGIN OF ANIMAL(S)

Company name and representative's name and address of the premises or the farm or establishment from where the animals being brought into Japan have been continuously residing during the preceding 180 days or since birth:

Company Name
Representative's Name
Address

III. DESTINATION OF ANIMAL(S)

Company name and representative's name and address of the consignee in Japan:

Company Name
Representative's Name
Address

Flight No.
Date of Loading
Departure - Manila
Arrival - Japan
AWB No.

Official
Stamp



Issue No. _____

IV. SANITARY INFORMATION

(For live pet birds)

1. The birds show no clinical signs of West Nile fever or highly pathogenic avian influenza (HPAI) at the time of shipment.
2. Meeting any of the following conditions

For birds that have been raised since hatching, those that have been kept for the past 21 days or since hatching in a storage establishment (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health Labor and Welfare of Japan designated regions where HPAI has not been confirmed.

- (1) Except for birds that have been raised since hatching, and those that have been kept for the past 21 days or since hatching in a quarantine establishment (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health, Labour and Welfare of Japan has designated as regions where HPAI has not been confirmed.

- (2) Except for birds that have been raised since hatching, and those that have been kept for the past 21 days or since hatching in a quarantine establishment (limited to those with preventive measures against the invasion of mosquitoes) in regions that the Minister of Health, Labour and Welfare of Japan has designated as regions where HPAI has not been confirmed.

I, the undersigned, certify that the animals described in this health certificate meets the above requirements.

Signature

Name in Block Letter: _____

Official Capacity: _____

Date issued: _____

Official
Stamp

No.: _____

Date _____

INTERNATIONAL VETERINARY CERTIFICATE

Rodents

IDENTIFICATION OF ANIMAL(S)

Species/Breed	Number	Sex	Age	Distinctive Marks

ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

Establishment that animal(s)

Name:

Address:

Establishment Number

DESTINATION OF ANIMAL(S)

Name and address of consignee:

Name:

Address:

Name of vessel or flight number:

Place of boarding or loading

Date of boarding or loading

SANITARY INFORMATION

1. The animal shows no clinical signs of rabies at the time of shipment.
2. The animal has been kept since birth in a storage establishment where infectious diseases* designated below have not been confirmed for the past 12 months (This storage establishment is meeting the standards** defined by the Minister of Health, Labor and Welfare of Japan).

* "disease" in rodents refers to pests, rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia and leptospirosis.

** "standards" in relation to rodents means:

1. The construction of the establishment must be appropriate in order to prevent the intrusion of animals outside.
2. Sanitary controls, such as disinfection, must be periodically implemented.
3. No outbreak of pests, rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia and leptospirosis has been clinically reported in human beings and animals in the establishment for the past 12 months and necessary measures have been taken in order to prevent the outbreak of these infectious diseases.
4. The data regarding the sanitary and feeding control of animals (including records of the introduction, breeding, death and shipment of animals) must be recorded and be kept adequately.

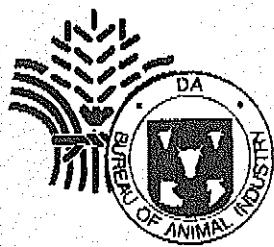
I, the undersigned, certify that the animal described
above meets the requirements.

(Official stamp)

Name and title of the Official Veterinarian:

Bureau of Animal Industry

Department of Agriculture



Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
Visayas Avenue, Diliman, Quezon City

No.: _____

Date _____

INTERNATIONAL VETERINARY CERTIFICATE (Lagomorphs)

IDENTIFICATION OF ANIMAL(S)

Species/Breed	Number	Sex	Age	Distinctive Marks

ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

DESTINATION OF ANIMAL(S)

Name and address of consignee:

Name:

Address:

Name of vessel or flight number

Place of boarding or loading

Date of boarding or loading

SANITARY INFORMATION

1. The animal shows no clinical signs of rabies or tularemia at the time of shipment.
2. Meeting any of the following conditions:

Rabies:

1. The animal has been kept for the past 6 months, or since birth or capture in a region that the Minister of Health Labor and Welfare of Japan has designated as one where rabies has not been reported.
2. The animal has been kept for 12 months or since birth in a storage establishment where rabies has not been reported for the past 12 months in a non-designated region.
3. The animal has been kept for the past 6 months or since birth in a quarantine establishment in a non-designated region.
4. The animal is confirmed to have met either conditions 2 or 3 when imported from a non-designated region, and has been kept in a designated region since then.

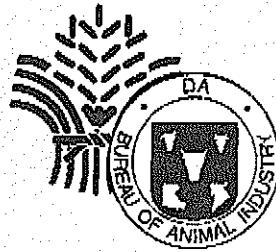
Tularemia

1. The animal has been kept for the past 12 months or since birth in a storage establishment where tularemia has not been reported for the past 12 months.
2. The animal has been disinfected for Ixodes (ticks).
3. The animal has been kept for the past 15 days or since birth in a quarantine establishment.

I, the undersigned, certify that the animal described
above meets the requirements.

(Official stamp)

Name and title of the Official Veterinarian
Bureau of Animal Industry
Department of Agriculture



Republic of the Philippines
Department of Agriculture
BUREAU OF ANIMAL INDUSTRY
Visayas Avenue, Diliman, Quezon City

No.: _____

Date _____

INTERNATIONAL VETERINARY CERTIFICATE
Mammals
(except Rodents and Lagomorphs)

IDENTIFICATION OF ANIMAL(S)

Species/Breed	Number	Sex	Age	Distinctive Marks

ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

DESTINATION OF ANIMAL(S)

Name and address of consignee:

Name:

Address:

Name of vessel or flight number

Place of boarding or loading

Date of boarding or loading

SANITARY INFORMATION

1. The animal shows no clinical signs of rabies at the time of shipment.
2. Meeting any of the following conditions:
 - (1) The animal has been kept for the past 6 months, or since birth or capture in a region that the Minister of Health Labor and Welfare of Japan has designated as one where rabies has not been reported.
 - (2) The animal has been kept for 12 months or since birth in a storage establishment where rabies has not been reported for the past 12 months in a non-designated region.
 - (3) The animal has been kept for the past 6 months or since birth in a quarantine establishment in a non-designated region.
 - (4) The animal is confirmed to have met either conditions 2 or 3 when imported from a non-designated region, and has been kept in a designated region since then.

I, the undersigned, certify that the animal described
above meets the requirements.

(Official stamp)

Name and title of the Official Veterinarian
Bureau of Animal Industry
Department of Agriculture