

(Form 1)

Certificate Number: xxxxx

(Valid only if the USDA Veterinary Seal  
appears over the Certificate No.)

U.S. ORIGIN HEALTH CERTIFICATE FOR  
EXPORT OF COMMERCIAL PET RODENT(S) TO JAPAN

## I : IDENTIFICATION OF ANIMAL(S)

Species / Breed	Number	Sex	Age	Distinctive Marks
-----------------	--------	-----	-----	-------------------

## II: ORIGIN OF ANIMAL(S)

Name and address of consignor:

(Name)

(Address)

Establishment that animal(s) was/were born

(Name)

(Address)

(Establishment Number)

Storage establishment of animals (If animal(s) has/have been kept in other than the establishment described above prior to shipping, all establishments must be defined.):

(Name)

(Address)

(Establishment Number)

## III: 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:

Certificate Number: xxxxx  
(Valid only if the USDA Veterinary Seal  
appears over the Certificate No.)

#### IV: SANITARY INFORMATION

1. The animal(s) show(s) no clinical signs of rabies at the time of shipment
2. The animal(s) has/have been kept since birth in a storage establishment where infectious diseases\* designated below have not been confirmed in the past 12 months (This storage establishment is limited to those recognized by the government authorities of the exporting country as meeting the standards\*\* defined by the Minister of Health, Labor and Welfare of Japan).

"disease" in relation to rodents means:

Plague, rabies, monkey pox, 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 from outside.
2. Sanitary controls, such as disinfection, must be periodically implemented.
3. No outbreak of plague, rabies, monkey pox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis has been clinically reported in human beings or animals in the establishment for the past 12 months. 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.

\_\_\_\_\_  
Name of issuing accredited veterinarian

\_\_\_\_\_  
Signature of issuing accredited veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of endorsing USDA veterinarian

\_\_\_\_\_  
Signature of endorsing USDA veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

[Valid for 30 days from the date of issuance]

[Official stamp]

Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary  
Seal appears over the certificate no.)

[August 2005]

**U.S. ORIGIN HEALTH CERTIFICATE FOR  
EXPORT OF RESEARCH RODENTS TO JAPAN**

**I. IDENTIFICATION OF THE ANIMALS**

SPECIES	STRAIN	AGE	SEX	COLOR	DISTINCTIVE MARKS	NUMBER

**Total number:** \_\_\_\_\_

**II. ORIGIN OF THE ANIMALS**

**Name and address of the consignor:** \_\_\_\_\_

\_\_\_\_\_

**Name and address of the establishment where the animals were born and maintained:**

\_\_\_\_\_

\_\_\_\_\_

**Scheduled date of shipment and port of embarkation (if known):** \_\_\_\_\_

\_\_\_\_\_

**Scheduled airline and flight number or ship name (if known):** \_\_\_\_\_

**III. DESTINATION OF THE ANIMALS**

**Name and address of the consignee:** \_\_\_\_\_

\_\_\_\_\_

**Name and address of the receiving establishment:** \_\_\_\_\_

\_\_\_\_\_

**Scheduled date and port of arrival (if known):** \_\_\_\_\_

#### **IV. CERTIFICATION STATEMENTS**

##### **EITHER**

**A.** The animals have been raised in a storage establishment meeting all of the following:

**1.** The establishment is overseen by an Institutional Animal Care and Use Committee which ensures that the hygiene, feeding, and general husbandry practices at the establishment are appropriate.

**2.** The establishment is designed so that the intrusion of wild rodents and other unwanted animals is prevented.

**3.** Any animal is confirmed to be healthy before it is introduced into the establishment.

**4.** Regular microbiological testing is performed at the establishment in accordance with the testing protocol of the establishment.

**5.** Animal health records are kept at the establishment and the establishment has Standard Operating Procedures for hygiene and feeding that are regularly followed.

**B.** The animals have been stored in a closed, hygienic environment.

**C.** The animals have not been used in a study involving pathogenic agents and have not come into contact with any animal used in such a study.

**D.** All animals were purpose-bred in captivity

##### **OR (line out the option that does not apply)**

**A.** The animals have been raised in a storage establishment that was inspected by USDA on \_\_\_\_\_ (must be within 3 years prior to export) and found to meet all of the following:

**1.** The establishment is designed so that the intrusion of wild rodents and other unwanted animals is prevented.

**2.** Sanitary controls, such as disinfection, are periodically implemented.

**3.** No outbreak of hantavirus pulmonary syndrome, hemorrhagic fever with renal syndrome, leptospirosis, monkey pox, plague, rabies, or tularemia has been reported in either animals or humans in the establishment during the last 12 months, and necessary measures have been taken in order to prevent outbreaks of any of these diseases in the establishment.

Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary  
Seal appears over the certificate no.)

**4.** Animal health records are kept at the establishment and the establishment has Standard Operating Procedures for hygiene and feeding that are regularly followed.

- B.** All animals were purpose-bred in captivity
- C.** The animals show no clinical signs of rabies.

\_\_\_\_\_  
Name of issuing institutional veterinarian

\_\_\_\_\_  
Signature of issuing institutional veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of endorsing USDA veterinarian

\_\_\_\_\_  
Signature of endorsing USDA veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

[Valid for 30 days from the date of issuance.]

Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary  
Seal appears over the certificate no.)

[August 2005]

**U.S. ORIGIN HEALTH CERTIFICATE FOR  
EXPORT OF FERRET(S) TO JAPAN**

**I. IDENTIFICATION OF THE ANIMALS**

SPECIES	AGE	SEX	COLOR	DISTINCTIVE MARKS	NUMBER

Total number: \_\_\_\_\_

**II. ORIGIN OF THE ANIMALS**

Name and address of the consignor: \_\_\_\_\_

\_\_\_\_\_

Scheduled date of shipment and port of embarkation (if known): \_\_\_\_\_

\_\_\_\_\_

Scheduled airline and flight number or ship name (if known): \_\_\_\_\_

**III. DESTINATION OF THE ANIMALS**

Name and address of the consignee: \_\_\_\_\_

\_\_\_\_\_

Name and address of the receiving establishment: \_\_\_\_\_

\_\_\_\_\_

Scheduled date and port of arrival (if known): \_\_\_\_\_

Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary  
Seal appears over the certificate no.)

#### IV. CERTIFICATION STATEMENTS

The animal(s) show(s) no clinical signs of rabies, and must meet one of the following conditions:

The animal(s) have(has) been kept for 12 months or since birth in a establishment where rabies has not been reported for the past 12 months.

OR

The animal(s) have(has) been kept for 6 months or since birth in a embarkation quarantine facility.

\_\_\_\_\_  
Name of issuing veterinarian

\_\_\_\_\_  
Signature of issuing veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of endorsing USDA veterinarian

\_\_\_\_\_  
Signature of endorsing USDA veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

[Valid for 30 days from the date of issuance.]

Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary  
Seal appears over the certificate no.)

[August 2005]

**U.S. ORIGIN HEALTH CERTIFICATE FOR  
EXPORT OF PET BIRD(S) TO JAPAN**

**I. IDENTIFICATION OF THE ANIMALS**

SPECIES	AGE	SEX	COLOR	DISTINCTIVE MARKS	NUMBER

Total number: \_\_\_\_\_

**II. ORIGIN OF THE BIRD(S)**

Name and address of the consignor: \_\_\_\_\_

\_\_\_\_\_

Scheduled date of shipment and port of embarkation (if known): \_\_\_\_\_

\_\_\_\_\_

Scheduled airline and flight number or ship name (if known): \_\_\_\_\_

**III. DESTINATION OF THE BIRD(S)**

Name and address of the consignee: \_\_\_\_\_

\_\_\_\_\_

Name and address of the receiving establishment: \_\_\_\_\_

\_\_\_\_\_

Scheduled date and port of arrival (if known): \_\_\_\_\_

**IV. CERTIFICATION STATEMENTS**



Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary  
Seal appears over the certificate no.)

The exported bird(s) must meet the following conditions:

1. At the time of shipment the bird(s) show(s) no clinical signs of West Nile Fever or Highly Pathogenic Avian Influenza.
2. The bird(s) were kept for the past 21 days or from hatching in an “embarkation quarantine facility” where measures are taken to prevent entry of mosquitoes.
3. The bird(s) originate from the region free of Highly Pathogenic Avian Influenza as defined by Minister of Health, Labor and Welfare of Japan.

\_\_\_\_\_  
Name of issuing veterinarian

\_\_\_\_\_  
Signature of issuing veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of endorsing USDA veterinarian

\_\_\_\_\_  
Signature of endorsing USDA veterinarian

\_\_\_\_\_  
Place

\_\_\_\_\_  
Date

[Valid for 30 days from the date of issuance.]

Certificate Number: \_\_\_\_\_

Page 1 of 2

Initials of signatory: \_\_\_\_\_

**VETERINARY CERTIFICATE FOR  
EXPORT OF FRESH OR FROZEN RODENT CARCASSES TO JAPAN FOR  
PURPOSES OTHER THAN RESEARCH**

**I : DESCRIPTION OF CONSIGNMENT**

Species / Breed of Origin of Carcasses	Number of Carcasses	Collection Facility Establishment Number

**II : ORIGIN OF ANIMAL(S)**

Name and address of consignor:

Name:

Address:

Establishment number:

**III : DESTINATION OF CARCASSES**

Name and address of consignee:

Name:

Address:

Name of vessel or flight number:

Port of exit from the United States:

Date of shipment:

## IV: SANITARY INFORMATION

To the best of Veterinary Services knowledge, no outbreaks of Plague (*Yersinia pestis*), rabies, monkey pox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, or leptospirosis have been confirmed at the establishment(s) of collection listed below in the past 12 months. The establishment(s) referenced below is/are inspected at least once every 365 days by Veterinary Services to verify a protocol to ensure the establishment(s) meet(s) the below requirements.

The following establishment(s) of collection is/are where rodents were maintained from birth to slaughter (*Insert name, address, and number of establishment(s) of collection where live animals were maintained from birth to slaughter*):

The following storage establishment(s) is/are where rodent carcasses collected at the above referenced establishment(s) were stored prior to export (*Insert name, address, and number of establishment(s) where carcasses were stored between slaughter and export.*):

1. The carcasses are derived from animals which showed no clinical signs of rabies at the time of slaughter.
2. The carcasses are derived from animals which were kept from birth to slaughter at the above referenced collection establishment (or establishments).
3. The construction of the above referenced establishment(s) is appropriate to prevent the intrusion of animals from the outside.
4. The above referenced establishment(s) implement(s) appropriate sanitary controls, such as disinfection.
5. The above referenced establishment(s) retain(s) appropriate records including export records regarding the introduction, feeding, maintenance, and death of rodents.
6. The carcasses and the live rodents from which they were derived were not commingled with carcasses or rodents not meeting the requirements of this certificate.
7. The packages of the carcasses are labeled with the address of the establishment of slaughter.

---

Name and Address of Veterinary Services Office Endorsing Certificate

---

Typed name of APHIS-Veterinary Services Endorsing Veterinarian

---

Signature of APHIS-Veterinary Services Endorsing Veterinarian

[Official stamp]

---

Date issued