



MATTILSYNET
THE NORWEGIAN FOOD SAFETY AUTHORITY

HEALTH CERTIFICATE
for export of carcasses of Rodents from Norway to Japan

No.

| District number | | | | Initialer (vet) | | Serial number | | | Year | |
|-----------------|--|--|--|-----------------|--|---------------|--|--|------|--|
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Name and address of the government authorities in Norway:

I. IDENTIFICATION OF ANIMAL(S)

| Animal species / Breed | Number | Sex | Age | Distinctive marks |
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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 animal(s) (If animal(s) has/have been kept in other than the establishment described above prior to shipping package, 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:****IV. SANITARY INFORMATION**

I, the undersigned official veterinarian, certify that the animal(s) described above meets the following requirements:

1. The animal(s) has been kept since birth in a storage establishment where pests, rabies, monkey pox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularaemia and leptospirosis have not been confirmed for the past 12 months.

The storage establishment meets the following standards:

- a) The construction of the establishment is appropriate in order to prevent the intrusion of animals from outside.
- b) Sanitary controls, such as disinfection, is periodically implemented.
- c) No outbreak of pests, rabies, monkey pox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularaemia 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.
- d) The data regarding the sanitary and feeding control of animals (including records of the introduction, breeding, death and shipment of animals) are recorded and kept adequately.

Date and place :**Name and title of the official veterinarian:****Signature of the official veterinarian:****Official stamp:****Definitions**

Storage establishment: Establishment where the animals are kept.



MATTILSYNET
THE NORWEGIAN FOOD SAFETY AUTHORITY

HEALTH CERTIFICATE
for export of carcasses of Lagomorpha from Norway to Japan

No.

| District number | | | | Initialer (vet) | | Serial number | | | Year | |
|-----------------|--|--|--|-----------------|--|---------------|--|--|------|--|
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Name and address of the government authorities in Norway:

I. IDENTIFICATION OF ANIMAL(S)

| Animal species / Breed | Number | Sex | Age | Distinctive marks |
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II. ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

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:

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| IV. SANITARY INFORMATION | |
| <p>I, the undersigned official veterinarian, certify that the animal(s) described above meets the following requirements:</p> <ol style="list-style-type: none">1. The animal(s) has been kept for the past 12 months or since birth in a storage establishment where tularaemia has not been reported for the past 12 months.2. The animal(s) has been disinfected for Ixodes (ticks).3. The animal(s) has been kept for the past 15 days or since birth in a quarantine establishment. | |
| Date and place : | |
| Name and title of the official veterinarian: | |
| Signature of the official veterinarian: | Official stamp: |
| Definitions Storage establishment: Establishment where the animals are kept. Quarantine establishment: Establishment where any required observations, examinations and processes are conducted for quarantined populations of animals without direct or indirect contact with other animals under the control of the government authorities of the exporting country. | |



MATTILSYNET
THE NORWEGIAN FOOD SAFETY AUTHORITY

HEALTH CERTIFICATE
for export of formalin-fixed or ethanol-fixed carcasses of Rodents and Lagomorpha
from Norway to Japan

No.

| District number | | | | Initialer (vet) | | Serial number | | | Year | |
|-----------------|--|--|--|-----------------|--|---------------|--|--|------|--|
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Name and address of the government authorities in Norway:

I. IDENTIFICATION OF ANIMAL(S)

| Animal species / Breed | Number | Sex | Age | Distinctive marks |
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II. ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

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:

IV. SANITARY INFORMATION

I, the undersigned official veterinarian, certify that the animal(s) described above meets the following requirements:

1. Permeated to centre of carcass by either a formaldehyde solution (limited to those with a concentration of 3,5% by weight or more) or an ethanol solution (limited to those with a concentration of 70% by weight or more) at the time of shipment.
2. Kept in airtight containers (with no risk of the infiltration of gases or microorganisms under ordinary handling or storage conditions) filled with the solution at the time of shipment.

Date and place :

Name and title of the official veterinarian:

Signature of the official veterinarian:

Official stamp:



MATTILSYNET
THE NORWEGIAN FOOD SAFETY AUTHORITY

HEALTH CERTIFICATE
for export of birds from Norway to Japan

No.

| District number | | | | Initials (vet) | | Serial number | | | Year | |
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Name and address of the government authorities in Norway:

I. IDENTIFICATION OF ANIMAL(S)

| Animal species / Breed | Number | Sex | Age | Distinctive marks |
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II. ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

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:

IV. SANITARY INFORMATION

I, the undersigned official veterinarian, certify that the animal(s) described above meets the following requirements:

1. The animal(s) shows no clinical signs of West Nile fever or highly pathogenic avian influenza at the time of shipment.
2. Either (delete sentence as necessary):
 - a) 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 Norway, which the Minister of Health, Labour and Welfare of Japan has designated as a region where highly pathogenic avian influenza has not been reported.
 - b) Except for birds that have been raised since hatching, 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 Norway, which the Minister of Health, Labour and Welfare of Japan has designated as a region where highly pathogenic avian influenza has not been reported.

Date and place :

Name and title of the official veterinarian:

Signature of the official veterinarian:

Official stamp:

Definitions

Storage establishment: Establishment where the animals are kept.

Quarantine establishment: Establishment where any required observations, examinations and processes are conducted for quarantined populations of animals without direct or indirect contact with other animals under the control of the government authorities of the exporting country.



MATTILSYNET
THE NORWEGIAN FOOD SAFETY AUTHORITY

HEALTH CERTIFICATE
for export of Rodents from Norway to Japan

No.

| District number | | | | Initialer (vet) | | Serial number | | | | Year | |
|-----------------|--|--|--|-----------------|--|---------------|--|--|--|------|--|
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Name and address of the government authorities in Norway:

I. IDENTIFICATION OF ANIMAL(S)

| Animal species / Breed | Number | Sex | Age | Distinctive marks |
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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 animal(s) (If animal(s) has/have been kept in other than the establishment described above prior to shipping package, 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:****IV. SANITARY INFORMATION**

I, the undersigned official veterinarian, certify that the animal(s) described above meets the following requirements:

1. The animal(s) shows no clinical signs of rabies at the time of shipment.
2. The animal(s) has been kept since birth in a storage establishment where pests, rabies, monkey pox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularaemia and leptospirosis have not been confirmed for the past 12 months.

The storage establishment meets the following standards:

- a) The construction of the establishment is appropriate in order to prevent the intrusion of animals from outside.
- b) Sanitary controls, such as disinfection, is periodically implemented.
- c) No outbreak of pests, rabies, monkey pox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularaemia 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.
- d) The data regarding the sanitary and feeding control of animals (including records of the introduction, breeding, death and shipment of animals) are recorded and kept adequately.

Date and place :**Name and title of the official veterinarian:****Signature of the official veterinarian:****Official stamp:****Definitions**

Storage establishment: Establishment where the animals are kept.



MATTILSYNET
THE NORWEGIAN FOOD SAFETY AUTHORITY

HEALTH CERTIFICATE
for export of Lagomorpha from Norway to Japan

No.

| District number | | | | Initialer (vet) | | Serial number | | | Year | |
|-----------------|--|--|--|-----------------|--|---------------|--|--|------|--|
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Name and address of the government authorities in Norway:

I. IDENTIFICATION OF ANIMAL(S)

| Animal species / Breed | Number | Sex | Age | Distinctive marks |
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II. ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

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:

IV. SANITARY INFORMATION

I, the undersigned official veterinarian, certify that the animal(s) described above meets the following requirements:

1. The animal(s) shows no clinical signs of rabies or tularaemia at the time of shipment.
2. The animal(s) has been kept for the past 6 months, or since birth or capture in Norway, which the Minister of Health, Labour and Welfare of Japan has designated as a region where rabies has not been reported.
3. The animal(s) has been kept for the past 12 months or since birth in a storage establishment where tularaemia has not been reported for the past 12 months.
4. The animal(s) has been disinfected for Ixodes (ticks).
5. The animal(s) has been kept for the past 15 days or since birth in a quarantine establishment.

Date and place :

Name and title of the official veterinarian:

Signature of the official veterinarian:

Official stamp:

Definitions

Storage establishment: Establishment where the animals are kept.

Quarantine establishment: Establishment where any required observations, examinations and processes are conducted for quarantined populations of animals without direct or indirect contact with other animals under the control of the government authorities of the exporting country.



MATTILSYNET
THE NORWEGIAN FOOD SAFETY AUTHORITY

HEALTH CERTIFICATE

for export of mammals (except rodents and lagomorphs) from Norway to Japan

No.

| District number | | | | Initialer (vet) | | Serial number | | | Year | |
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Name and address of the government authorities in Norway:

I. IDENTIFICATION OF ANIMAL(S)

| Animal species / Breed | Number | Sex | Age | Distinctive marks |
|------------------------|--------|-----|-----|-------------------|
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II. ORIGIN OF ANIMAL(S)

Name and address of consignor:

Name:

Address:

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:

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| IV. SANITARY INFORMATION | |
| I, the undersigned official veterinarian, certify that the animal(s) described above meets the following requirements: | |
| <ol style="list-style-type: none">1. The animal(s) shows no clinical signs of rabies at the time of shipment.2. The animal(s) has been kept for the past 6 months, or since birth or capture in Norway, which the Minister of Health, Labour and Welfare of Japan has designated as a region where rabies has not been reported. | |
| Date and place : | |
| Name and title of the official veterinarian: | |
| Signature of the official veterinarian: | Official stamp: |