

MINISTRY OF AGRICULTURE & CO-OPERATIVES DEPARTMENT OF LIVESTOCK DEVELOPMENT, THAILAND VETERINARY HEALTH CERTIFICATE

Name & Address of Exporter Name & Address of Importer	port of Mammats (except	t Rodents and Lagomorpha)				
Species Breed or Trade name Sex Number Flight number Sex Se	Name & Address of Exporter		Name & Address of Importer			
Means of Transportation				Alba.		7.00
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Means of Transportation						<u> </u>
tace and date of boarding/ loading. ANTARY INFORMATION the undersigned, certify that the animal described above meets the requirements. 1. The animal-(s) show (s) no clinical signs of rables at the time of shipment. 2. The animal-(s) (Check the appropriate box) has /have been kept for the past 6 months, or since birth or capture in a region that the Minister of Health, Labour Velfare of Japan has designated as one where rables has not been reported. (1) has/have been kept for 12 months or since birth in a storage establishment where rables has not been reported for last 12 months in a non-designated region, (2) has/have been kept for the past 6 months or since birth in a quarantine establishment in a non-designated region. (3) is/are confirmed to have met either of conditions (2) or (3) when imported from a non-designated region to a design egion, and has been kept in a designated region since then. (4) **EMARKS: (This certificate is yellid 10 days after issuance) ***********************************	Species	Breed or Trade name	, , , , , , So	ex	N	ımber
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