

Mammals (except Rodents and Lagomorpha)

HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

Name and address of the government authority of the exporting country :

Number of the issue :

I : IDENTIFICATION OF ANIMAL(S)

Species / Breed	Quantity	Sex	Age	Distinctive Marks

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

1.The animal(s) show(s) no clinical signs of rabies at the time of shipment.

2.The animal(s) :

- has/have been kept for the past 6 months, or since birth or capture in a region that the Minister of Health, Labour and Welfare of Japan has designated as one where rabies has not been reported. (1)
- has/have been kept for 12 months or since birth in a storage facility where rabies has not been reported for the past 12 months in a non-designated region. (2)
- has/have been kept for the past 6 months or since birth in a quarantine facility 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 designated region, and has been kept in a designated region since then. (4)

Check the appropriate box

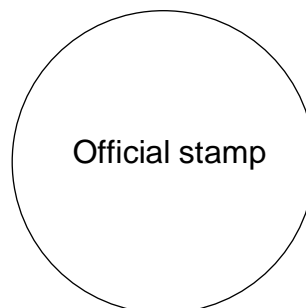
I, the undersigned, certify that the animal described above meets the requirements.

Date issued :

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)



Rodents

HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

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Species / Breed	Quantity	Sex	Age	Distinctive Marks

II : ORIGIN OF ANIMAL(S)

Name and address of consignor :

Name :

Address :

facility that animal(s) was/were born

Name

Address

facility number

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

Name

Address

facility 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

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 facility where infectious diseases* designated in the below have not been confirmed for the past 12 months (This storage facility is meeting the standards** defined by the Minister of Health, Labour and Welfare of Japan).

* "disease" in relation to rodents means :

Plague(pest), rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis

** "standards" in relation to rodents means :

1. The construction of the facility 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(pest), rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis has been clinically reported in human beings and animals in the facility 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.

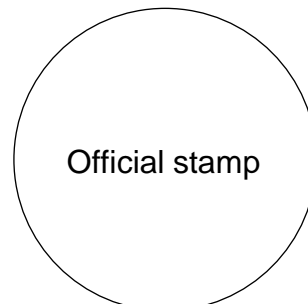
I, the undersigned, certify that the animal described above meets the requirements.

Date issued :

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)



Lagomorpha (Ochotona spp.)

HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

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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

1.The animal(s) show(s) no clinical signs of rabies or tularemia at the time of shipment.

2.The animal(s):

Rabies :

- has/have been kept for the past 6 months, or since birth or capture in a region that the Minister of Health, Labour and Welfare of Japan has designated as one where rabies has not been reported. (1)
- has/have been kept for 12 months or since birth in a storage facility where rabies has not been reported for the past 12 months in a non-designated region. (2)
- has/have been kept for the past 6 months or since birth in a quarantine facility 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 designated region, and has been kept in a designated region since then. (4)

AND

Tularemia:

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

Check the appropriate box

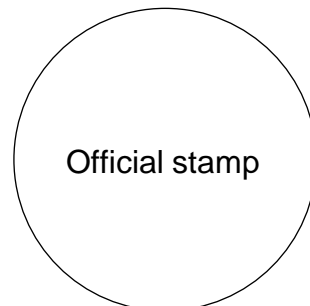
I, the undersigned, certify that the animal described above meets the requirements.

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)

Date issued :



Carcasses of Rodents

HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

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II : ORIGIN OF ANIMAL(S)

Name and address of consignor :

Name :

Address :

facility that animal(s) was/were born

Name

Address

facility number

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

Name

Address

facility 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

The animal(s) has/have been kept since birth in a storage facility where infectious diseases* designated in the below have not been confirmed for the past 12 months (This storage facility is meeting the standards** defined by the Minister of Health, Labour and Welfare of Japan).

* "disease" in relation to rodents means :

Plague(pest), monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis

** "standards" in relation to rodents means :

1. The construction of the facility 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(pest), rabies, monkeypox, hemorrhagic fever with renal syndrome, hantavirus pulmonary syndrome, tularemia, and leptospirosis has been clinically reported in human beings and animals in the facility 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.

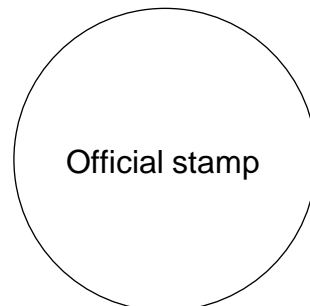
I, the undersigned, certify that the animal described above meets the requirements.

Date issued :

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)



Carcasses of Lagomorpha (Ochotona spp.)

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Species / Breed	Quantity	Sex	Age	Distinctive Marks

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

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

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

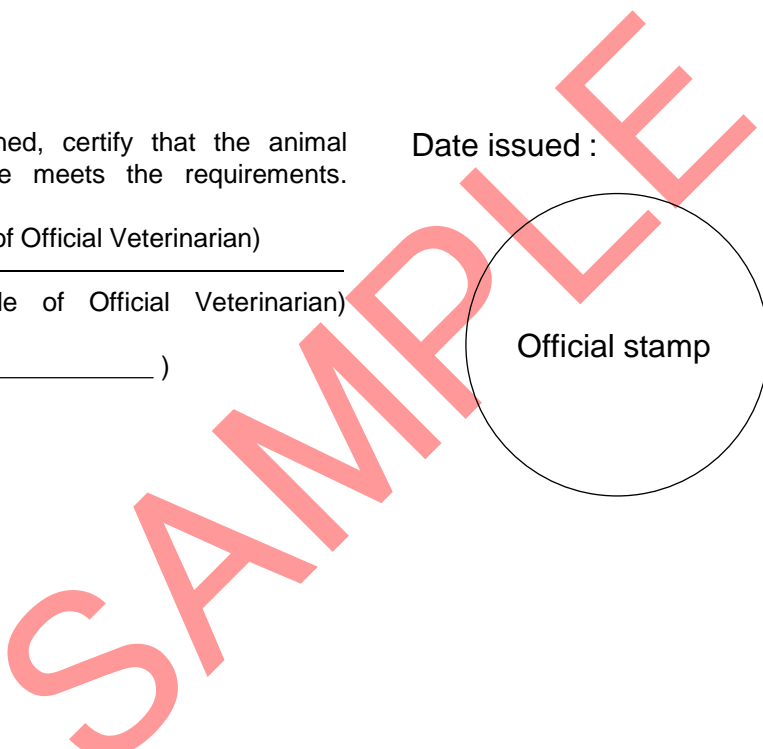
Date issued :

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)

Official stamp



HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

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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 : delete words as necessary

1. Permeated to center 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.

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

Date issued :

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)

Official stamp

SAMPLE

Birds

HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

Name and address of the government authority of the exporting country :

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I : IDENTIFICATION OF ANIMAL(S)

Species / Breed	Quantity	Sex	Age	Distinctive Marks

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

1. The bird(s) show(s) no clinical signs of West Nile fever, highly pathogenic avian influenza or low pathogenic avian influenza at the time of shipment.

2. Meeting one of the following conditions :

- For bird(s) that has/have been raised since hatching, those that have been kept for the past 21 days or since hatching in a storage facility (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 highly pathogenic avian influenza or low pathogenic avian influenza has not been confirmed. (1)

OR

- Except for bird(s) that has/have been raised since hatching, those that have been kept for the past 21 days or since hatching in a quarantine facility (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 highly pathogenic avian influenza or low pathogenic avian influenza has not been confirmed. (2)

Check the appropriate box

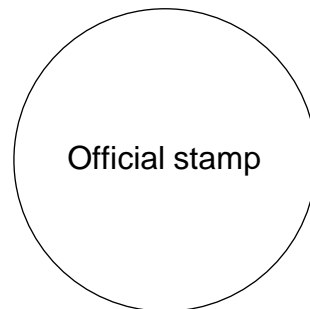
I, the undersigned, certify that the animal described above meets the requirements.

Date issued :

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)



Research rodents (mouse, rats, guinea pigs, hamsters, etc.)

HEALTH (or ZOOSANITARY or VETERINARY) CERTIFICATION

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Number of the issue :

I : IDENTIFICATION OF ANIMAL(S)

Species / Breed	Quantity	Sex	Age	Distinctive Marks

II : ORIGIN OF ANIMAL(S)

Name and address of consignor :

Name :

Address :

facility that animal(s) was/were born and kept

Name

Address

facility number (if any)

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

1. The animal(s) has/have been stored since birth in a place that is in a storage facility meeting all of the following, that has been isolated from other areas, and in which there have been no other animals than such rodents.
 - (1) Feeding control (hereafter including the management of records of the animals and their breeding, shipment and death) and sanitary control are carried out under the supervision of a committee consisting of members concerned including veterinarians in the facility.
 - (2) Appropriate measures are taken to ensure that the intrusion of animals from outside is prevented.
 - (3) When introduced into the facility, the animals are confirmed not to be contaminated with pathogens of infectious diseases in order to prevent the intrusion of pathogens of infectious diseases that may infect humans through animals.
 - (4) Examinations are conducted periodically on the animals stored in the facility to confirm they are not contaminated with pathogens of infectious diseases.
 - (5) Information concerning the feeding and sanitary controls of the animals is recorded in documents and such documents are retained.
2. Since births, the animal(s) has/have not been used in any study with pathogens of infectious disease or have not come in contact with any animal used in such a study.

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

Date issued :

(Signature of Official Veterinarian)

(Name and title of Official Veterinarian)

Ministry of (_____)
(Country name)

