



Issue No. _____

**INTERNATIONAL VETERINARY CERTIFICATE
(BIRDS)**

I. IDENTIFICATION OF ANIMAL(S)

Species / Breed		Quantity (Number)	Sex	Identification (Distinctive Marks)	CITES App. Wildlife Export Certification
Common Name	Scientific Name				

II. ORIGIN OF ANIMAL(S)

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

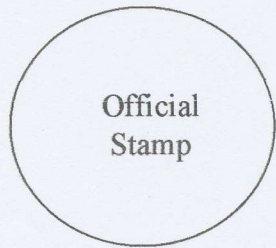
Company Name :
Representative Name :
Address :

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. :





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

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IV. SANITARY INFORMATION

(For live pet birds)

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

For birds that has/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 highly pathogenic avian influenza (HPAI) or Low Pathogenic Avian Influenza (LPAI) 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 highly pathogenic avian influenza (HPAI) or Low Pathogenic Avian Influenza (LPAI) has not been confirmed.

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

Signature _____

Name in Block Letter: _____

Official Capacity: _____

Date Issued: _____

Bureau of Animal Industry
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Official
Stamp