

**狂犬病予防法に基づく動物の輸出検査申請書**  
**APPLICATION FOR EXPORT INSPECTION OF ANIMALS**  
**UNDER THE RABIES PREVENTION LAW**

年 月 日 申請者住所氏名及び連絡先  
 Year Month Day Name and address of applicant  
 氏名 Name  
 住所 Address  
 電話番号 Telephone

( 法人の場合には、その名称  
 及び代表者の住所氏名 )

動物検疫所長 殿

To the chief of Animal Quarantine Service

下記の動物の輸出検査を申請致します

I hereby apply for the export quarantine inspection of undermentioned animal(s).

|   |  |   |   |
|---|--|---|---|
| 動物の種類<br>Species of animal(s)                               | 頭数<br>Quantity   |   |   |
| 名称<br>Name of animal(s)                                     |  |   |   |
| 品種<br>Breed   | 毛色<br>Color  |   |   |
| 性別<br>Sex   | 用途<br>Use  |   |   |
| 生年月日(年齢)<br>Date of birth(Age)                              | 仕向国名<br>Country of destination                             |   |   |
| 体長<br>Lengrh  | 体高<br>Hight  | 体重<br>Weight  | kg  |
| 搭載年月日及び搭載地<br>Date and place of embarkation                 |  | 搭載船舶(航空機)名<br>Name of vessle(or flight No.)                     |   |
| 荷送人住所氏名<br>Name and address of consignor                    |  |   |   |
| 荷受人住所氏名<br>Name and address of consignee                    |  |   |   |
| 飼養場所(購入場所)<br>Name of keeping place (or purchase)           |  |   |   |
| 購入年月日<br>Date of purchase (year/month/day)                  |  | 帰国予定年月日<br>Scheduled date of re-entry to Japan (year/month/day) |   |
| 個体識別方法(マイクロチップ等)<br>Means for identification(e.g.microchip) |  | 個体識別番号/マーク<br>Identification number/Mark                        |   |
| 標識年月日<br>Date of identification(year/month/day)             |  | 標識部位<br>Location of identification                              | マイクロチップ(リーダー)の種類<br>Type of microchip (reader)    |
| 狂犬病予防接種<br>Rabies vaccination                               | 接種年月日<br>Date of vaccination<br>(year/month/day)           | 有効期限<br>Date of expiry<br>(year/month/day)                      | 予防液の種類<br>kind of vaccine                         |
|   |  |   | 予防液の製品名及び製造会社<br>Name of products and manufacture |
|   |  |   |   |
| 狂犬病抗体検査<br>Rabies serogical test                            | 血液採取年月日<br>Date of blood sampling(year, month, day)        |   | 抗体価<br>Antibody titer<br>IU/ml                    |
|   | 検査機関名及び住所<br>Name and address of the designated laboratory |   |   |
| その他の予防接種<br>other vaccination                               | 接種年月日<br>Date of vaccination<br>(year/month/day)           | 有効期限<br>Date of expiry<br>(year/month/day)                      | 予防液の種類<br>kind of vaccine                         |
|   |  |   | 予防液の製品名及び製造会社<br>Name of products and manufacture |
|   |  |   |   |
| 参考<br>Remarks   |  |   |   |