

狂犬病予防法及び家畜伝染病予防法に基づく犬の輸入に関する届出書

NOTIFICATION FOR IMPORT OF DOGS
UNDER THE RABIES PREVENTION LAW AND THE DOMESTIC ANIMAL INFECTIOUS DISEASES CONTROL LAW

年 月 日

Year Month Day

2019/12/12

届出者住所氏名及び連絡先

Name and address of applicant MICHELLE LAWSON-FAIRFIELD

氏名 Name :

(法人の場合には、その名称及び代表者の住所氏名)

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動物検疫所長 殿

To the chief of Animal Quarantine Service

動物を輸入したいので、下記のとおり届出をいたします。

I hereby notify for the importation of the undermentioned animal(s).

| | | | |
|--|--|--|--------------------------|
| 動物の種類 Species of animal(s) | DOG | 頭数 Quantity | 1 |
| 生年月日(年齢) Date of birth (Age) | 2011/01/13 All dates must be in year, month, day format | 性別 Sex | FEMALE or MALE |
| 仕出国名 Country of export | UNITED STATES | 輸入の場所 Scheduled place of arrival | HANEDA OR NARITA AIRPORT |
| 搭載予定地及び搭載予定年月日 Scheduled date and place of embarkation | 2020/02/17, CHICAGO OHARE AIRPORT | | |
| 輸入の時期(到着予定年月日) Scheduled date of arrival (year/month/day) | 2020/02/18 | 搭載予定船舶(航空機)名 Name of scheduled vessel (or flight No.) | DELTA, FLIGHT 121 |
| 荷送人住所氏名 Name and address of consignor | MICHELLE LAWSON-FAIRFIELD, 123 PARK AVE., CHICAGO, IL | | |
| 荷受人住所氏名 Name and address of consignee | MICHELLE LAWSON-FAIRFIELD, 123 PARK AVE., CHICAGO, IL | | |

記入注意:

次頁のその他参考となるべき事項欄には、用途、仕向地、仕出地(飼養施設名称及び住所)、その他輸入検査上参考となるべき事項を記載すること。

In the last column of next page, please note the information such as the use of the animal(s), the destination, name and address of the facility in which the animal(s) is/are kept, etc

その他参考となるべき事項 (Other useful information)

| | | | | |
|---|---|--|--|---|
| 名称 Name of animal(s) MADISON LAWSON-FAIRFIELD | | | | |
| 個体識別方法 (マイクロチップ等) Means for identification (e.g. microchip) MICROCHIP | | 個体識別番号/マーク Identification number/Mark 98511300145553 | | |
| 標識年月日 Date of identification(year/month/day) 2019/03/16 | 標識部位 Location of identification SHOULDER | | マイクロチップ (リーダー) の種類 Type of microchip (reader) HOME AGAIN | |
| 品種 Breed SHIH TZU | 毛色 Color WHITE, BROWN, BLACK | | | |
| 用途 Use PET | 輸送形態 (貨物又は携帯) Cargo or hand luggage HAND LUGGAGE (IN CABIN) | | | |
| 体長 Length 45.72 cm | 体高 Height 23.49 cm | 体重 Weight 11.5 kg | | |
| 仕出地 (飼養施設名称及び住所) Name and address of the facility in which the animal(s) is/are kept JASMINE VETERINARY CARDIVASCULAR MEDICAL CENTER, 1-8-37 NAKAGAWA TSUZUKI-KU, YOKOHAMA, KANAGAWA PREFECTURE 224-0001, JAPAN | | | | |
| 仕向地 (名称及び住所) Name and address of destination JASMINE VETERINARY CARDIVASCULAR MEDICAL CENTER, 1-8-37 NAKAGAWA TSUZUKI-KU, YOKOHAMA, KANAGAWA PREFECTURE 224-0001, JAPAN | | | | |
| 過去1年以内の訪問国及びその年月日 Countries visited in the past 12 months and the date of visits NONE | | | | |
| 狂犬病予防接種 Rabies vaccination | 接種年月日 Date of vaccination (year/month/day) | 有効期限 Date of expiry (year/month/day) | 予防液の種類 Kind of vaccine | 予防液の製品名及び製造会社 Name of product and manufacturer |
| 採血前 Before blood sampling | 2019/08/16 | 2020/09/22 | RABIES | PFIZER/ZOETIS/DEFENSOR |
| | 2019/05/16 | 2020/05/12 | RABIES | PFIZER/ZOETIS/DEFENSOR |
| 採血後 After blood sampling | | | | |
| 狂犬病抗体検査 Rabies serological test | 採血日 Date of blood sampling (year/month/day) 2019/08/16 | | 抗体価 Antibody titer 4.56 IU/ml | |
| | 検査機関名及び住所 Name and address of the designated laboratory KANSAS STATE UNIVERSITY RABIES LABORATORY, 2005 RESEARCH PARK CIRCLE, MANHATTAN, KS 66502 | | | |
| その他の予防接種 Other vaccination | 接種年月日 Date of vaccination (year/month/day) | 有効期限 Date of expiry (year/month/day) | 予防液の種類 Kind of vaccine | 予防液の製品名及び製造会社 Name of product and manufacturer |
| | 2019/05/06 | 2020/05/16 | DISTEMPER | VANGUARD /ZOETIS |
| | 2019/05/06 | 2020/05/06 | PARVO | VANGUARD ZOETIS |
| | 2019/05/06 | 2020/05/06 | LEPTO | VANGUARD ZOETIS |
| | 2019/10/01 | 2020/10/01 | BORDATELLA | VANGUARD |
| 備考 Remarks | | | | |

These vaccinations are not required, only rabies is to enter Japan