

Japan Health Certificate Package

Client Name:
Patient's Name:
Exam Date:

I. Instructions:

- (1) Print pages 2-3. Give blank hardcopies to clients when they notify you of upcoming travel.
- (2) Save a new copy of this file for each pet.
- (3) Client fills out top of Page 3 as much as they can, clinic transcribes to digital file page 3.
- (4) Print pg 4-5 for clients to submit Advanced Notification (not required for military flights).
- (5) Print auto populating pages 6-10 for Health Certificate appointment.
- (6) Compile additional required documents – 2 rabies certificates & FAVN .
- (7) VCO/VMO sign & stamp where appropriate. DO NOT SIGN IN BLACK! (typically blue).
- (8) Print cover page and use checklist at bottom during final review to ensure all required documents are present.

II. Special Notes and Helpful Hints:

- (1) Fill out all blocks on page 3, even if they seem redundant.
- (2) Date is almost always needed in two formats, YYYY/MM/DD & dd/mm/yyyy. The document will prompt you to use the correct format as needed.
- (3) Only one pet per packet.
- (4) If pet has more than one microchip, list BOTH microchip numbers.
- (5) This packet is for use by VCOs and GS VMOs only. NAF VMOs are not authorized to use the MDJ OP Form 2209 nor sign both sides of the APHIS 7001.
- (6) The summary sheet describes the absolute minimum timeline needed to meet entry requirements. Use clinical judgment when establishing treatment plans to ensure greatest chance of passing FAVN (e.g. don't draw FAVN on same day as rabies vaccination unless absolutely necessary due to travel time restrictions).
- (7) All original forms must be signed in a color other than black (typically blue).
- (8) At their discretion, a VCO can countersign a signed copy of a rabies certificate from any other veterinarian (military or civilian) to certify it as valid and it is then considered an "original".

III. Checklist for use on day of Health Certificate exam:

- (1) Original rabies certificate #1
- (2) Original rabies certificate #2
- (3) Original FAVN
- (4) USDA Aphis 7001
- (5) MDJ OP Form 2209
- (6) Japan Form A/C
- (7) Acclimation memo
- (8) USDA signature authority memo

Final Version – 14 January 2019

Japan Requirements Summary

This sheet is a summary only and not a comprehensive guide. It is the pet owner's responsibility to verify information on official USDA and Japan references. Important info can be found in Japan's "[Guide to importing dogs and cats into Japan from Non-designated regions](#)." Also visit: <http://www.usarj.army.mil/organization/vet/import.aspx>

1. Microchip

- Ideally, administered PRIOR (same day ok) to 1st rabies vaccine.
- May microchip after 1st Rabies and before (same day ok) 2nd Rabies but causes strict timeline restrictions on FAVN sample draw. See FAVN Blood Test below for details.
- Should be 15-digit ISO compatible. If not ISO compatible, either ask destination VTF if they have a compatible reader for current chip (most do), have owner buy their own reader, or re-microchip and start vaccination process over.

2. 1st Rabies Vaccine

- Pet must be at least 91 days old.
- Feline PureVax is accepted at all locations as of January 2019.

3. 2nd Rabies Vaccine

- Must be > 31 days after 1st vaccination and BEFORE 1st vaccine expires.
- Japan will honor 3 year rabies for entry purposes. After arrival, all pets must be vaccinated annually.

4. FAVN Blood Test

- If microchipped BEFORE 1st rabies, FAVN can be drawn same day or after 2nd rabies vaccine.
- If microchipped AFTER 1st rabies, FAVN **MUST** be drawn same day as 2nd rabies vaccine.
- FAVN must be \geq to 0.5 IU/ml.
- Results are sent directly to owner's address on FAVN submission form, typically auto populated from address on ROVR. **VERIFY ADDRESS PRIOR TO SUBMISSION**. Owner must maintain original for travel.

5. Additional Rabies Vaccines:

- If 2nd rabies will expire prior to arrival, booster as needed, but list only 1st and 2nd rabies on Japan forms A/C and MDJ OP 6 / DD Form 2209.
- Travel with original rabies certificate of 3rd rabies vaccine to prove current vaccine status.

6. Additional Vaccines and Treatments:

- The following are strongly recommended due to varying requirements in lodging, kennels, and quarantines: DAP/FVRCP, Bordetella, and Lepto vaccines, and internal/external parasite treatments.

7. Advance Notification

- After owner receives FAVN results and **not less than 40 days before arrival**, owner must submit a "Notification" to Animal Quarantine Service (AQS) at the expected port of entry (see p. 23 of Guide)
- All data on "Notification" MUST match data on health certificates or quarantine will likely be imposed.
- Advance notification NOT required for direct military flights on base, but owner is STRONGLY advised to contact veterinary treatment facility (VTF) on base of final destination prior to travel.
 - Contact information can be found at: <http://www.usarj.army.mil/organization/vet/contacts.aspx>

8. 180 Day Waiting Period after FAVN is Drawn

- If pet arrives during waiting period, pet will be quarantined for duration of quarantine assigned at entry.
- SOFA Personnel: within 72 hours after arrival, present pet to VTF for registration and quarantine exam.
 - If no quarantine assigned at entry, pet will be officially released.
 - If quarantine assigned, pet must remain on-base (in owner's custody) or at approved on-base pet boarding facility (at owner's expense). At limited locations, fostering by families may be available.

9. Final Veterinary Appointment

- No more than 10 days prior to arrival in Japan, receive veterinary exam and health certificate documents.

Data Import Sheet - Japan

Dear pet owner, fill out the top section to the best of your ability and return to the clinic preparing the health certificate.
Coordinate with veterinary clinic to ensure paperwork is returned with sufficient time prior to health certificate appointment.

Section I – Pet Owner to Provide

Client Info – use address on orders if possible

Consignor/Shipper (Last, First): _____
Address Line 1 _____
Address Line 2 _____
Phone: _____
Consignee/Recipient (Last, First): _____
Address Line 1 _____
Address Line 2 _____
Phone: _____
Country of Export: _____

Pet Info:

Pet Name: _____; Tattoo: _____ n/a
Breed: _____ Color: _____
Sex (M/F/MN/FS): _____ Sex: Male Female;
Age: _____; Age: 3 -12 months > 12 months
DOB: _____ & _____ (2 formats)
Microchip Type: _____ Brand: _____
Implant Date: _____ & _____ (2 formats)
Microchip #: _____
Size: < 20 lbs 20-50 lbs > 50 lbs
Use: Pet; Other: _____

Section II – Pet Owner to Provide. Needed only for Advanced Notification, skip if direct military flight.

Departure Date & Location: _____
Arrival Date: 2018/12/13 Port/Airport: _____
Name of Vessel or Flight #: _____
Countries Pet visited in past 12 months & date of visits:

Length: _____ cm; Height: _____ cm; Weight: _____ kg
Transport method: _____ (Hand Luggage = in
cabin or checked baggage; Cargo = manifest cargo)
Microchip Site: _____ Shipper's Fax#: _____
Shipper email address: _____

Section III – Clinic Use Only - patient specific

Rabies Vaccine #1 (most recent)

1 yr 3 yr; Type: Killed Modified; Tag #: _____
Date: _____ & _____ Duration: . . . year(s)
Manufctr: _____ Product Name: _____ Batch #: _____
Booster Due: _____ Vial Expires: _____ Type: _____

Rabies Vaccine #2 (older):

1 yr 3 yr; Type: Killed Recombinant
Date: _____ & _____ Duration: . . . year(s)
Manufctr: _____ Product Name: _____ Batch #: _____
Booster Due: _____ Vial Expires: _____ Type: . . .

FAVN:

Serum Draw Date: _____ & _____
DVM Name: _____ Clinic Name: _____
Address Line 1 _____
Address Line 2 _____
Lab Performing FAVN: DOD Veterinary Food Analysis and Diagnostic Laboratory
Lab Address: _____
Lab Registration # (leave blank for FADL): _____
Test Results ≥ _____ IU /ml

Recommended Additional Vax/Tx's:

DA2PPL-Cvk/FVRCCP; (dd/mm/yyyy): _____
**This check box is from MDJ OP Form 2209, use at DVM's discretion*

VACCINE #1:

Duration: . . . Type: . . .
Date: _____ Booster Due Date: _____
Product & Manufacturer: _____

VACCINE #2:

Duration: . . . Type: . . .
Date: _____ Booster Due Date: _____
Product & Manufacturer: _____

EXTERNAL PARASITE TREATMENT:

Date: _____
Type & Manufacturer: _____

INTERNAL PARASITE TREATMENT:

Date: _____
Type & Manufacturer: _____

Section IV – Clinic Use Only - clinic specific

Veterinarian Info:

Signing DVM Rank & Name: _____
Official Position: _____
State & License: _____ Accreditation #: _____
Clinic Name: _____
Address Line 1: _____
Address Line 2: _____
Phone Number: _____

Miscellaneous:

Exam date: _____ & _____ & _____
APHIS Cert #: _____
Office Symbol for MFR: _____

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 届出者住所氏名及び連絡先
Year Month Day Name and address of applicant

氏名 Name : () 印

住所 Address :

電話番号 Telephone :

FAX :

E-mail :

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)	<i>Canis familiaris</i> (Dog)	頭数 Quantity	One (1)
生年月日(年齢) Date of birth (Age)		性別 Sex	
仕出国名 Country of export		輸入の場所 Scheduled place of arrival	
搭載予定地及び搭載予定年月日 Scheduled date and place of embarkation			
輸入の時期(到着予定年月日) 2018/12/13 Scheduled date of arrival (year/month/day)		搭載予定船舶(航空機)名 Name of scheduled vessel (or flight No.)	
荷送人住所氏名 Name and address of consignor			
荷受人住所氏名 Name and address of consignee			

記入注意:

1.氏名を自署する場合には、押印を省略することができる。

2.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)				
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	
標識年月日 Date of identification(year/month/day)	標識部位 Location of identification		マイクロチップ(リーダー)の種類 Type of microchip (reader)	
品種 Breed		毛色 Color		
用途 Use	Pet Other: _____		輸送形態(貨物又は携帯品) cargo or hand luggage	
体長 Length	cm	体高 Height	cm	体重 Weight
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				
Not Applicable				
仕向地(名称及び住所) Name and address of destination				
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				
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			.	
採血後 Booster(if any)			.	
狂犬病抗体検査 Rabies serological test	採血日 Date of blood sampling (year/month/day)		抗体価 Antibody titer	IU/ml
	検査機関名及び住所 Name and address of the designated laboratory			
	DOD Veterinary Food Analysis and Diagnostic Laboratory			
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
			.	
			.	
備考 Remarks				



DEPARTMENT OF THE ARMY
PUBLIC HEALTH ACTIVITY

MEMORANDUM FOR COMMERCIAL AIRLINES

SUBJECT: Temperature Tolerance for a Dog / Cat - Acclimation Statement

1. The below listed animal(s) in this shipment appears healthy for transport but needs to be maintained at a temperature within the animal's thermoneutral zone.
2. The temperatures that the animal is exposed to while inside a terminal facility must not be lower than 45 degrees Fahrenheit (45°F) for more than 4 consecutive hours, nor lower than 45 degrees Fahrenheit (45°F) for more than 30 minutes when moving the animal from terminal facilities or primary conveyances. The animal should not be subjected to temperatures lower than 30 degrees Fahrenheit (30°F) for more than 15 minutes.
3. Auxiliary ventilation, such as fans, blowers, or air conditioning, must be used during surface transportation in any animal cargo space containing live animals when the ambient temperature exceeds 85 degrees Fahrenheit (85°F). Moreover, the ambient temperature may not exceed 85 degrees Fahrenheit (85°F) for a period of more than 4 consecutive hours. These temperatures are in accordance with Title 9 Code of Federal Regulations.

Consignor Name: _____
Consignor Address: _____

Pet Name: Microchip: Species: Color: Gender: Breed:
Canis familiaris
(Dog)

Signature:

Stamp:

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).



No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.439; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

1. TYPE OF ANIMAL SHIPPED (select one only)
 Dog Cat Other _____
 Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

4. PAGE

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)

USDA License/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	RABIES VACCINATION	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
(1)					<input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS Vaccination Date: _____ Product: _____ Date: _____ Treatment, and/or tests and results: _____	
(2)						
(3)						
(4)						
(5)						
(6)						

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

Results > IU/ml
 Lab Name: DOD Veterinary Food Analysis and Diagnostic Laboratory
 Note: All dates, unless otherwise noted, are in the format YYYY/MM/DD

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
 PRINTED NAME OF USDA VETERINARIAN

DATE

LICENSE NUMBER AND STATE

Accredited Yes No
 If yes, please complete below
 NATIONAL ACCREDITATION NUMBER

VETERINARY HEALTH CERTIFICATE For Import/Export for Japan

THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C. Sections 133 and 8012.

PRINCIPAL PURPOSE(S): To indicate general health examination of the animal to permit international movement.

ROUTINE USE(S): Used as health certificate to permit international movement of animal.

DISCLOSURE: Providing personal information is voluntary. However, if information is not disclosed by the owner, international movement may not be allowed.

INFORMATION OF OWNER

Type of Print Name of Owner (Last, First, MI):	Telephone Number:
Complete Address (Include Zip Code)	

DESCRIPTION OF ANIMAL

Name of Animal:	Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> ()	Tag Number:
Predominant Breed:	Color(s):	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: <input type="checkbox"/> 3 – 12 months <input type="checkbox"/> 12 months or older Date of Birth (dd/mm/yyyy): _____	Weight: <input type="checkbox"/> Under 20 lbs <input type="checkbox"/> 20 – 50 lbs <input type="checkbox"/> Over 50 lbs

RABIES IMMUNIZATION DATA

MICROCHIP/IDENTIFICATION DATA

Rabies Vaccine History	Most Recent	Prior	Implantation Date (dd/mmm/yy)	
Producer (First 3 letters)			Microchip Number	
Rabies Vaccine Name				
Vaccine Effective Period	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years	<input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Years	Manufacturer of Microchip	
Vaccine Type	<input type="checkbox"/> Killed <input type="checkbox"/> Recombinant	<input type="checkbox"/> Killed <input type="checkbox"/> Recombinant		
Lot/Serial Number			Tattoo Number	<input type="checkbox"/> N/A
Vaccination Date (d/m/y)				
Vaccine Expiration Date				

Other Vaccinations: DA2PPL-Cvk / FVRCCP Date: _____

FLUORESCENT ANTIBODY VIRAL NEUTRALIZATION TEST(S) (FAVN)

Date of Sampling (dd/mm/yyyy):	Veterinarian Name and Address:
Test Results (≥0.5 IU/ml): ≥ IU/ml	Laboratory Name and Registration Number: DOD Veterinary Food Analysis and Diagnostic Laboratory

This is to certify that the above described animal has been examined by me on the date below and was found free of any communicable disease. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

Veterinarian Name, Grade, Unit and State License Number (Include state abbreviation and number):	
	State License: USDA Accreditation#:
Signature	Date

Certificate for dogs, cats, foxes, raccoons, or skunks to be imported into Japan from NON-DESIGNATED REGION

Either type or write clearly in BLOCK letters in English. Do not use pencils or erasable ink to fill in.
No correction fluid shall be used. The original entry shall be struck through and remain legible.
The correction shall be written adjacent to the original and signed.



Exporting country			
Consignor		Name : Address :	
Consignee		Name : Address :	
IDENTIFICATION OF ANIMAL			
Species <i>Canis familiaris</i> (Dog)	Breed	Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age		Color	Use <input type="checkbox"/> Pet <input type="checkbox"/> Other:
Microchip number		Date of identification (yyyy/mm/dd)	
RABIES VACCINATION (produced in accordance with OIE standard) *Please write from latest one			
Date of vaccination (yyyy/mm/dd)	Vaccine effective period (year)	Name of product and manufacturer *Type of vaccine should be inactivated or recombinant	
I year(s)		
II year(s)		
III year(s)		
IV year(s)		
V year(s)		
VI year(s)		
RABIES SEROLOGICAL TEST			
Date of blood drawing (yyyy/mm/dd)	Antibody titer (IU/ml)	The designated laboratory	
I	≥ IU/ml	Name DOD Veterinary Food Analysis and Diagnostic Laboratory Country : United States of America	
II		Name : Country :	
CLINICAL INSPECTION BY VETERINARIAN *Immediately before embarkation (Inspection within 10 days is acceptable)			
<p>I, _____, a veterinarian certify that:</p> <ul style="list-style-type: none"> • I have read the microchip implanted in the animal and confirmed the number. • The animal has shown no clinical signs of rabies (and leptospirosis only for dog). <p>Address of veterinarian: _____</p> <p>Date of inspection (yyyy/mm/dd): _____ Signature: _____</p>			
ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN			
<p>I, _____, an official government veterinarian of exporting country certify that to the best of my knowledge and belief all the details mentioned above are true and correct.</p> <p>Name and address of office: _____</p> <p>_____</p> <p>Signature: _____</p>			
		OFFICIAL GOVERNMENT STAMP	
		Date (yyyy/mm/dd): _____	



April 2, 2012

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Veterinary Services

National Center for
Import/Export

4700 River Road
Riverdale, MD 20737

(301) 734-8364
FAX (301) 734-6402

COL Bob E. Walters
Director Operations
Department of Defense
Veterinary Service Activity
5109 Leesburg Pike
Falls Church, VA 22041-3258

Dear Colonel Walters,

This is to clarify the role of military veterinarians in issuing health certificates for movement of military working dogs and military family dogs, cats and ferrets into the European Union (EU), and military working dogs and military family dogs and cats into Japan and Korea.

The United States Department of Agriculture, Animal and Plant Health Inspection Service (APHIS) designates Veterinary Corps Officers, as well as General Schedule (GS 0701) veterinarians employed by the United States Army Veterinary Service working at military veterinary treatment facilities, as "official veterinarians." Consequently, APHIS endorsement is not required for health certificates issued by military veterinarians for movement of dogs, cats and ferrets to the EU including the United Kingdom, and dogs and cats to Japan and Korea. This designation does not apply to Army Veterinary Service non-appropriated fund or Department of Defense contract civilian veterinarians.

APHIS endorsement is required for certificates issued for all other animals including livestock, horses, and birds.

Military veterinarians may issue health certificates for both "non-commercial" and "commercial" movement of dogs, cats and ferrets to all EU Member States.

A stamp clearly identifying the issuer as a military veterinarian must be applied to all health certificates. Certificates must also include a unique certificate number.

For more information, contact Dr. Sara Kaman, APHIS, National Center for Import and Export, at (301) 851-3300, or at sara.kaman@aphis.usda.gov.

Sincerely,

Joyce Bowling-Heyward, DVM, MS
Director, Import-Export Animals Staff
National Center for Import and Export
Veterinary Services



Safeguarding American Agriculture

APHIS is an agency of USDA's Marketing and Regulatory Programs
An Equal Opportunity Provider and Employer

Federal Relay Service
(Voice/TTY/ASCII/Spanish)
1-800-877-8339