IMPORT DOCUMENT CHECKLIST

THIS IS A DOCUMENT CHECKLIST.

PLEASE SEE ADDITIONAL

DOCUMENTATION FOR A FULL

EXPLANATION OF THE STEPS

NEEDED PRIOR TO OBTAINING

THESE DOCUMENTS

Two Original Rabies Certificates

You will need a primary and a secondary rabies certificate. These must be originals signed in blue ink and include the microchip number.

FAVN Results

You will need the original FAVN results (Rabies titer test) from a Japanese authorized laboratory.

Health Certificate

This is obtained 10 days or less prior to leaving for Japan from a veterinarian. If done by a military veterinarian they will issue a 2209 and an APHIS 7001. If done by a civilian Veterinarian they will use their own clinic form.

Quarantine Form AC

This is a Japanese governmental form and should be filled out regardless of if you are using a military veterinarian or a civilian veterinarian. If a military veterinarian is used then no further endorsement is needed. If the form is filled out by a civilian veterinarian then it will require USDA endorsement.

Notification of Import

If flying on a commercial airline you will need to provide advanced notification at least 40 days prior to arrival or as soon as possible. If flying via a military flight please notify the local veterinary clinic.



Helpful Links

http://www.maff.go.jp/ags/ english/animal/dog/index.h tml

https://www.facebook.com/SaseboVeterinaryTreatmentFacility





IN HOME QUARANTINE

JAPAN HAS AUTHORIZED IN HOME QUARANTINE FOR SOFA STATUS PERSONNEL ONLY. THIS IS NOT A PRIVILEGE THAT IS EXTENDED TO THOSE VISITING JAPAN OR THOSE WHO FALL OUTSIDE OF THE SOFA AGREEMENT WITH JAPAN.

Transport

Pet(s) may be transported to or from the port of entry to a military base, no stops are authorized between these destinations.

Arrival

Owners have 3 business days to report in to the Military Veterinary Facility for their mandatory initial quarantine exam and registration.

Authorized Areas

The only authorized areas for quarantined animals are in the pet(s) owner's **on-base quarters**, **TLF**, **on-base veterinary clinics** and **authorized on-base boarding facilities**.

Contact

While on quarantine, the pet(s) is not allowed to have contact with any other animals outside of the pet owner's household.

Bathroom Breaks

Quarantined animals are allowed outside only to eliminate while kept on a leash. Dogs are **not** allowed to be taken for walks. Owners must stay with the dog(s) at all times while outside. Cats must remain strictly **indoor** at all times during the duration of quarantine.

Clearing Quarantine

Quarantined animals are to remain on quarantine until they are **physically seen** at their Final Quarantine Examination by the Military Veterinary Facility, regardless if the assigned release date has passed.



Leaving Japan

Signed Quarantine documents (i.e. MDJ 270) are required to leave Japan. Once quarantine is complete, ensure that you return for your paperwork. It is recommended you keep it in an EEO/NEO Packet.





RABIES VACCINATION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

1. OWNER'S NAME (Monroe, Marilyn	Last, First,	Middle Initial)			1	2. TELEPHONE	NUMBER (123) 456-7	
3. ADDRESS (Number 123 Lakeshore Dr.			1	3		5.		3
4. ANIMAL a. NAME	- Monte - Control - Contro		b. MICRO	OCHIP NUMBER(S)		c. SPECIES		d. SEX
S	tinker			985121000000123		h. COLOR(S)	1e	FS
e. AGE 7Y	f. WEIGI	нт 66.2lbs	g. PRED	OMINANT BREED German Shepherd		ii. colon(o)	Black/Ta	n
5. VACCINE a. PRODUCER (First 3 le ZOE	etters)	b. LOT NUMBER		c. EXPIRATION DATE 07 APR 2020	d. VIR	US TYPE Killed	1	INISTRATION SITE Right Rear
6. VACCINATION a. RABIES TAG NUMB 18-2356	ER	b. DATE VACCII		a. NAME Dr. Frank N. Stein		0	b. LICE	AW 12356
c. VACCINATION DUR.	ATION	d. VACCINATIO		c. SIGNATURE	18	len.	•	

8. FACILITY ADDRESS (Street, City, State, ZIP Code)

Anywhere Clinic

564 Broadway Dr. Hollywood, CA 98765

INSTRUCTIONS

- OWNER'S NAME. Self-explanatory.
- 2. TELEPHONE NUMBER. Self-explanatory.
- 3. ADDRESS. Self-explanatory.
- 4. ANIMAL.
 - a. NAME. Self-explanatory.
 - b. MICROCHIP NUMBER(S). List all scannable microchips implanted in this animal.
 - c. SPECIES. Self-explanatory.
 - d. SEX. Self-explanatory.
 - e. AGE. Self-explanatory.
 - f. WEIGHT. Self-explanatory.
 - g. PREDOMINANT BREED. List only the predominant breed. If not purebred, followed by the word "mix".
 - h. COLOR(S). Self-explanatory.
- 5. VACCINE.
 - a. PRODUCER. The first three letters of the company name of the company that produced the vaccine.
 - b. LOT NUMBER. Production lot number of the vaccine used.
 - c. EXPIRATION DATE. Expiration date of the vaccine used.
 - d. VIRUS TYPE. Virus type of the vaccine used (e.g., killed, modified live, recombinant)
 - e. ADMINISTRATION SITE. Location and method of administration of the vaccine used (e.g., SQRS subcutaneous over right shoulder).
- 6. VACCINATION.
 - RABIES TAG NUMBER. Self-explanatory.
 - b. DATE VACCINATED. Self-explanatory.
 - c. VACCINATION DURATION. Length of time in years that the vaccination is valid for.
 - d. VACCINATION DUE. Date that next rabies vaccination is due.
- 7. VETERINARIAN.
 - a. NAME. Name of the veterinarian responsible for the vaccination.
 - b. LICENSE NUMBER. Veterinary medical license number, to include two letter state of ssuance, of the responsible veterinarian.
- SIGNATURE. Self-explanatory.
- FACILITY ADDRESS. Self-explanatory.

RABIES VACCINATION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

comprehensive health						2. TELEPHONE	NUMBER (Inc	clude Area Code)
1. OWNER'S NAME (Last, First, N	viiddle Initial)				(123) 456-78	391
Monroe, Marilyn								
3. ADDRESS (Number	Street, City	y, State, ZIP Code)		d				
123 Lakeshore Dr.	Hollywoo	od, CA 98765						F-80/80-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0
4. ANIMAL					_	c. SPECIES		d. SEX
a. NAME			b. MICR	OCHIP NUMBER(S) 985121000000123		Canir	ne	FS
S	tinker					h. COLOR(S)		
e. AGE	f. WEIGH	IT	g. PRED	OMINANT BREED		002011(0)	Black/Tar	1
6Y		68.6lbs		German Shepherd				1000
5. VACCINE				TON DATE	A VIR	US TYPE	e. ADMII	NISTRATION SITE
a. PRODUCER (First 3 I	etters)	b. LOT NUMBER		c. EXPIRATION DATE 05 MAR 2018	u	Killed]	Right Rear
ZOE		98981						
6. VACCINATION				7. VETERINARIAN			b. LICE!	NSE NUMBER
a. RABIES TAG NUME	ER	b. DATE VACCI	NATED	a. NAME				AW 12356
17-5689		28 DEC	2017	Dr. Frank N. Stein	8			A VV 12550
		d. VACCINATIO		c. SIGNATURE	1-	1 -		
c. VACCINATION DUR	ATION	position was a server				no m		
3Y		28 DEC	2020	Jany)	0			
	ee /Stroot	City State ZIP Co	ide)	7.0	100			

FACILITY ADDRESS (Street, City, State, ZIP Code)

Anywhere Clinic

564 Broadway Dr. Hollywood, CA 98765

INSTRUCTIONS

- OWNER'S NAME. Self-explanatory.
- 2. TELEPHONE NUMBER. Self-explanatory.
- ADDRESS. Self-explanatory.
- 4. ANIMAL.
 - a. NAME. Self-explanatory.
 - b. MICROCHIP NUMBER(S). List all scannable microchips implanted in this animal.
 - c. SPECIES. Self-explanatory.
 - d. SEX. Self-explanatory.
 - e. AGE. Self-explanatory.
 - f. WEIGHT. Self-explanatory.
 - g. PREDOMINANT BREED. List only the predominant breed. If not purebred, followed by the word "mix".
 - h. COLOR(S). Self-explanatory.
- 5. VACCINE.
- a. PRODUCER. The first three letters of the company name of the company that produced the vaccine.
 - b. LOT NUMBER. Production lot number of the vaccine used.
 - c. EXPIRATION DATE. Expiration date of the vaccine used.
 - d. VIRUS TYPE. Virus type of the vaccine used (e.g., killed, modified live, recombinant).
 - e. ADMINISTRATION SITE. Location and method of administration of the vaccine used (e.g., SQRS subcutaneous over right shoulder).
- 6. VACCINATION.
 - RABIES TAG NUMBER. Self-explanatory.
 - b. DATE VACCINATED. Self-explanatory.
 - c. VACCINATION DURATION. Length of time in years that the vaccination is valid for.
 - d. VACCINATION DUE. Date that next rabies vaccination is due.
- VETERINARIAN.

 - a. NAME. Name of the veterinarian responsible for the vaccination. b. LICENSE NUMBER. Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. SIGNATURE. Self-explanatory.
- FACILITY ADDRESS. Self-explanatory.

Request for FAVN-OIE Rabies Antibody Test



DoD Food Analysis and Diagnostic Laboratory

ATTN: Diagnostic Receiving

Public Health Command Region - South

2899 Schofield Road, Suite 2630

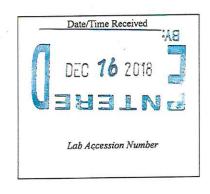
JBSA Ft Sam Houston, TX 78234-7583

Phone: (210) 295-4605/4010/4387 (DSN: 421-XXXX)

Fax: (210) 635-1025

Website:

http://phc.amedd.army.mil/topics/labsciences/fad/Pages/FADLFormsandDocuments.aspx



OFFICIAL FORM: Print/type ALL information b	elow
Pet Destination:	pan
Owner Information	T
Name of Owner: Monroe, Marilyn	
Address: 123 Lakeshore Dr.	Phone: (123) 456-7891
City: Hollywood	State: CA Zip: 98765
Email Address: marilyn.monroe@gmail.com	
Animal Information	
Pet's Name: Stinker	Microchip No. 985121000000123
🔀 Dog 🔲 Cat Breed: GERMAN SHEPHERD Co	$\frac{\text{olor}}{}$ Age: $\frac{7 \text{ Y}}{}$ Sex: \boxed{M} \boxed{X} F
Unique Markings: BLACK/TAN Tattoo:	
Submitting Veterinarian	
Veterinary Clinic: Anywhere Clinic	
Address: 564 Broadway Dr.	
City: Hollywood	State: CA Zip: 98765
Phone: (789) 654-3219	Fax: (789) 661-5895
Email Address: frank.n.stein@gmail.com	
Date Serum Collected: 12 DEC 2018	Clinic Code (if known):
Name of Veterinarian: Dr. Frank N. Stein	
Signature of Veterinarian: Signature acknowledges identity offpet, microchip	eM number and owner's DOD beneficiary status
Signature acknowledges recently gypet, microchip	
n 1 0m	T -1 II Ol

Results of Test - Lab Use Only

Result Titer:	2.62	IU/ml
C-M19-2771	MICROCHIP#	985121000000123

A titer of 0.5 IU/ml or greater indicates that the dog or cat has an acceptable rabies antibody level for the purpose of export. A titer of less than 0.5 IU/ml is considered a failure.

Beatry Friends

Beatriz E. Krivda

Microbiologist

_ 3 Jan 2019_

VETERINARY HEALTH CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.

ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

1. OWNER'S NAME (Last, First,	Middle Initial)						NUMBER (Include Area Code)
Monroe, Marilyn	The State of the S				,	(.	123) 456-7891
3. ADDRESS (Number, Street, Cit. 123 Lakeshore Dr. Hollywood)		0					
4. ANIMAL				1 any		d. AGE	e. WEIGHT
a. NAME Stinker		b. SPECI	es Canine	c. SEX FS		7 Y	67.5
f. MICROCHIP NUMBER(S) 9851210000001	23	g. PREDO	OMINANT BR Germa	EED an Shepherd		h. COLOR(S)	Black/Tan
5. RABIES IMMUNIZATION DA					I DAT	E VACCINATED	e. VACCINATION DURATION
a. PRODUCER (First 3 letters) ZOE	b. LOT NUMBER		c. VIRUS T	Killed		2 DEC 2018	3Y

This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

6. FACILITY ADDRESS (Street, City, State, ZIP Code)

Anywhere Clinic 564 Broadway Dr. Hollywood, CA 98765 (789) 654-3219

7. VETERINARIAN a. NAME Dr. Frank N. Stein

b. LICENSE NUMBER

AW 12356

c. SIGNATURE

d. DATE (YYYYMMDD)

INSTRUCTIONS

- 1. OWNER'S NAME. Self-explanatory.
- 2. TELEPHONE NUMBER. Self-explanatory.
- 3. ADDRESS. Self-explanatory.
- 4. ANIMAL.
 - a. NAME. Self-explanatory.
 - b. SPECIES. Self-explanatory.
 - c. SEX. Self-explanatory; indicate if spayed or neutered.
 - d. AGE. Self-explanatory.
 - e. WEIGHT. Self-explanatory.
 - f. MICROCHIP NUMBER(S). List all scannable microchips implanted in this animal.
 - g. PREDOMINANT BREED. List only the predominant breed. If not purebred, followed by the word "mix".
 - h. COLOR(S). Self-explanatory.
- 5. RABIES IMMUNIZATION DATA. Information derived from valid Rabies Vaccination Certificate for described animal.
 - a. PRODUCER. The first three letters of the company name of the company that produced the vaccine.
 - LOT NUMBER. Production lot number of the vaccine used.
 - c. VIRUS TYPE. Virus type of the vaccine used (e.g., killed, modified live, recombinant).
 - d. DATE VACCINATED. Self-explanatory.
 - e. VACCINATION DURATION. Length of time in years that the vaccination is valid for.
- FACILITY ADDRESS. Self-explanatory.
- 7. VETERINARIAN.

 - a. NAME. Name of the veterinarian performing the examination and verifying the rabies varicination information.
 b. LICENSE NUMBER. Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. SIGNATURE. Self-explanatory.
 - d. DATE. Self-explanatory.

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.

Quarantine Form AC

The correction shan be written au	jacent to the original and signed.		Tormize
Exporting country	Drited Sta	tes of A	Merica
	Name: Marilyn Mi		
Consignor	Address : 123 / 0 kg	shore Dr Hal	llywood CA 98765
	Nama · IVA ~ IVA	INNENE	fix
Consignee	Address : 123/0/0	share Dr. Ho	Hywood CA 98765
	IDENTIFICAT	TION OF ANIMAL	
Species	Breed	Name	Sex
('anine	German Shepheri	Staker	☐ Male 🌣 Female
Date of birth (yyyy/mm/dd)	or Age	Color	Use
2012/01/17		Black /tor	Pet 🗆 Other:
Microchip number		Date of identification	(yyyy/mm/dd)
2013 10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		1 1	
9851210000	1112	2012/04/0	DC
4 MAIMUM			(produced in accordance with OIE standard)
		ACCINATION e from latest one	produced in accordance with OLD standard
Date of vaccination	Vaccine effective period	Name of product and	l manufacturer
(yyyy/mm/dd)	(year)		uld be inactivated or recombinant
1 2018/12/12	3 year(s	Nobivac 31	Rabies Zoetis hilled
II 2017/12/28	3 year(s	0011	Robies Toetis hilled
ш	year(s	- Make de la company de la com	delle belle in inite
	year(s		
IV		-	
V	year(s		
VI	year(s	s)	
		OLOGICAL TEST	
Date of blood drawing	Antibody titer	The designated labor	ratory
(yyyy/mm/dd)	(IU/ml)	Name : FADL	
1 2018/12/12	2.42	Country: UJA	
2004	1	Name:	
П		Country:	
,	CLINICAL INSPECT		
	*Immediately before embarkation (Inspection within 10 days is	s acceptable)
I. Frankli	Stein, a vet	erinarian certify that;	
1 100 11 101	ochip implanted in the animal		mber.
	n no clinical signs of rabies (a		
Address of veterinarian:	564 Broo	dway Dr. t	folly wood (A9874
Date of inspection (yyyy/m	m(dd): 2019/07/07	Signature:	Al Sain
<u>n</u> 1000000			// U V
ENI	DORSEMENT BY OFFICIAL	GOVERNMENT VE	IERINARIAN
1, Count E			rinarian of exporting country certify
that to the best of my k	nowledge and belief all the de	tails mentioned above	are true and correct.
Name and address of office	: 785 Bloom	ington Way	Dr. Count Dracula
Hollywo	0g CA 9871	05	765 B Wy Fronkly
(6	11000	×	4011/1000 00 00 1010D
Signature:	I Julia		OFFICIAL GOVERNMENT STAMP
-	1		Date (yyyy/mm/dd): 0190707

別記様式第4号の3

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.

Quarantine

Form AC

	The controlled on the second			
	Exporting country			3
	Consignar	Name:	10	
	Consignor	Address : UCIO	110/	
	Consignee	Name:	12in	Abirovo
	Consigno	Address : RECE	TON OF ANIMAL	
	Species Canine/Fe		Name	Sex
	Shecres COVINGILE	_ und		☐ Male ☐ Female
	Date of birth (yyyy/mm	(dd) or Age	Color	Use
	Date of birth tyyyymina			Pet Other:
	Microchip number		Date of identificat	ion (yyyy/mm/dd)
	Microcmp number			
			when a	hip was placed
		PARIES V	CCINATION	(produced in accordance with OIE standard
			from latest one	
	Date of vaccination	Vaccine effective period	Name of product a	and manufacturer
3	(yyyy/mm/dd)	(year)	-i	hould be inactivated or recombinant
4.40	1 WOST COLLG			
15	lu l	year(s		
	ш 🗸	year(s		
	IN least curr	-PAT year(s)	
	V	year(s		
	VI	year(s		
		RABIES SER	LOGICAL TEST	
<unf< td=""><td>Date of blood drawing</td><td>Antibody titer</td><td>The designated la</td><td>boratory</td></unf<>	Date of blood drawing	Antibody titer	The designated la	boratory
1111/	(yyyy/mm/dd)	(IU/ml)	Name:	state or FADL
	I	and the second s	Country:	
			Name:	
	П		Country:	
		CLINICAL INSPECT		
(A) 1 .		*Immediately before embarkation (Inspection within 10 day	ys is acceptable /
+ Unic] I,		erinarian certify tha	
	I have read the n	nicrochip implanted in the animal	and confirmed the	number.
	The animal has s	hown no clinical signs of rabies (a	nd leptospirosis onl	y for dog).
	Address of veterinari	an:		
				5
	Date of inspection (y)	yy/mm/dd):	Signature:	1
	1	ENDORSEMENT BY OFFICIAL	COVEDNIMENT	/PTERINARIAN
トロク				13
1. 1. TV ~1	. I,			eterinarian of exporting country certify
11111001	that to the best of n	y knowledge and belief all the de	tails mentioned abo	ve are true and correct.
Τ	Name and address of	office:		I
`	Ivalue and address of	Ozzaco.		- I
				<u></u>
	9000			ODDICIAL COMPDANCIAM OF ASC
	Signature:			OFFICIAL GOVERNMENT STAMP
				Date (yyyy/mm/dd):

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 settimated to average. 25 Nours per response, including the fine for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.	ict or sponsor, trol numbers fo age .25 h ours p	and a p erson is not requantition this information collection response, including the reviewing the collection	Jired to respond to, a collection are 0579-0036 and 0579 he ti me for reviewing instruction information.		or additional kinc ivered to any i less accompanied	No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA r egulation sh all be del ivered to any i ntermediate handler or car rier for transportation in commerce, unless accompanied by a health or efficience weeduled and roll 13.0 c.7ER Subchanter A Darl 3).	OVED 336 333
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE INNITED STATES INTERSTATE AND INTERNATIONAL	WARNING: Any a false, fictitious, statement on this uses such docur to be false, fictitio	WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or	1. TYPE OF ANIMAL SH X Dog Cat Nonhuman Primate	ᄔᄼᆘᇓ	2	2. CERTIFICATE NUMBER - OFFICIAL USE ONLY 20190707-POA-0123	NLY
CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS	fraudulent may be fine of not more the imprisonment of it years or both (18	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).	3. TOTAL NUMBER OF ANIMALS	OF ANIMALS	7-	4. PAGE	
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)	ONSIGNOR		6. NAME, ADDRES	6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)	RECIPIENT AT	DESTINATION (CONSIGNEE)	
Marilyn Monroe 123 Lakeshore Dr. Hollywood, CA 98765 (123) 456-7891		AS CALLAND	Marilyn Monroe 123 Lakeshore Dr. Hollywood, CA 98765 (123) 456-7891	10			
USDA License/or Registration Number (if applicable)					ž)		
7. ANIMAL IDENTIFICATION				8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY	N, TREATMEN	T, AND TESTING HISTORY	
NAME, AND/OR TATTOO NUMBER OR SCIENTIFIC OR OTHER IDENTIFICATION NAME	AGE SEX	COLOR OR DISTINCTIVE MARKS OR	RAB 1 YEAR 2 1	RABIES VACCINATION]2 YEARS X 3 YEARS	TT.	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	3
		TIEDO COIM	Vaccination Date	Product	Date	Product Type and/or Results	
(1) Stinker, 985121000000123 German Shephard	7 F	FS Black/Tan	12 DEC 2018	Nobivac 3 Rabies	1 Aug 17	Nobivac-3 DaPv (3y), Bordetella (1yr)	
(2)			28 DEC 2017	Nobivac 3 Rabies	12 DEC 18	Lepto-4 1yr, Bordetella 1yr, Heartworm Neg, Fecal- Neg	cal- Neg
(3)					12 DEC 18	FAVN: >4.56 IU/mL PASS	
(4)					04 APR 12	ISO Microchip implantation	
(9)							
(9)							
9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED Stinker FAVN received on 16 DEC 18 and tested on 3 JAN 19 with results 2.62 IU/ml at DOD FADL lab.	WHEN REQUIRED 19 with results	JIRED) results of >/=	VETERINARY CERTIFICA information provided in box ("X" applicable statements)	VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by information provided in box 8 is true and accurate to the best of my knowledge, and that the following ("X" applicable statements).	s described in b est of my know	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).	he made
antix IIExtra	en the should	ler blades on7	X I have verified t	I have verified the presence of the microchip, if a microchip is listed in box 7.	chip is listed in b	x7.	
JUL 19			I certify that the appear to be free of ar animal or other animal	X rertify that the animal(s) described above and on cont appear to be free of any infectious or contagious diseases and animal or other animals or would endanger public health.	inuation sheet(s) I to the best of m	Certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animals or would endanger public health.	ate and ger the
			To my knowledge for rabies and has/hav	X To my knowledge, the animal(s) described above and c for rabies and has/have not been exposed to rabies.	n continuation s	To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined ies and hashave not been exposed to rabies.	rantined
ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)			NAME, ADDRESS,	NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN	SUING VETERI	NARIAN LICENSE NUMBER AND STATE	щ
Count Dracula Total Count Dracula	acola		Frank N. Stein 564 Broadway Dr.				
A APATA Blowning	Forward Forward		Hollywood, CA 98765 (789) 654-3219	29		Accredited X Yes No If yes, please complete below NATIONAL ACCREDITATION NUMBER	IUMBER
			NOTE; International st	NOTE; International shipments may require certification by an accredited veterinarian	accredited veter		
SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here	Stamp here	20190707	SIGNATURE OF ISS	SUING VETERINARIAN		DATE 2019C	DATE 2019070
APHIS Form 7001 (NOV.2010)	This cert	ificate is valid for 3	This certificate is valid for 30 days after issuance				

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 a verage .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.	ct or spons rol number ge .25 h ou	sor, and a sor, and a sor, and this is large tres	Derson is not require formation collection ponse, including the wing the collection of	person is not required to respond to, a collection of information collection are 0579-0036 and 0579-0333. growns, including the time for reviewing instructions, swing the collection of information	\vdash	or additional kinds in interect to any in the sas accompanied by 17 H.S.C. 21 43 9.17	No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA r egulation sh all be deli vered to any intermediate handler or car rier for 675-0,0038 transportation in commerce, unless accompanied by a heal the certificate executed and 675-0,0333 (679-0,333).	OMB APPROVED 0579-0036 0579-0333
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	WARN a false, statem	ING: Any fictitious, ent on this	WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or	1. TYPE OF ANIMAI	SHIPPING TO SERVICE TO	2.	CERTIFICATE NUMBER - OFFICIA	. USE ONLY
UNITED STATES INTERSTATE AND INTERNATIONAL	to be fa	uses such document kn to be false, fictitious, or fraudulent may be subis	uses such document knowing it to be false, fictitious, or fraudulent may be subject to a	Nonhuman Primate	nate	ชั	Date (1111) MINIOD/TON-Last 4 of Miledocing	<u>.</u>
CERTIFICATE OF HEALTH EXAMINATION FOR SMALL ANIMALS	fine of impriso	fine of not more I imprisonment of years or both (18	fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).	3. TOTAL NUMBER OF ANIMALS	OF ANIMALS	4.	4. PAGE	
5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)	ONSIGN	OR)	36	6. NAME, ADDRESS	6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)	ECIPIENT AT D	ESTINATION (CONSIGNEE)	
Owner information at location prior to moving USDA I icenselor Registration Number (if annificable)			rus (3.1111)	Owner information- pr If unknown address a	Owner information- preferred location of destination, if unknown address at location prior to moving will work			
7. ANIMAL IDENTIFICATION					8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY	I, TREATMENT,	AND TESTING HISTORY	
NAME, AND/OR TATTOO NUMBER OR SCIENTIFIC OR OTHER IDENTIFICATION NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR	RABI 1 YEAR 2 Y	RABIES VACCINATION 3 YEARS 3 YEARS	TRE	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	ULTS
			רוורטטאטווא	Vaccination Date	Product	Date	Product Type and/or Results	lts
(1) Pet name and Microchip Dominant Breed				Most recent	List all used for FAVN testing		Additional vaccines- DAPV, Lepto, Bord	ito, Bord
(2)				older date			Additional tests: heartworm, fecal, etc	cal, etc
(3)				Older		Draw date	FAVN: amount and pass or fail	-fail
(4)	1.5						ISO Microchip implantation	uc
(5) iso	8							
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IDITIONAL CERTIFICATION STATEMENTS and tested on with results of >/= lab.	(WHEN REQUIRE	REQUIRED	o) (DOD FADL,	VETERINARY CERTIFICA information provided in box ("X" applicable statements)	VETERINARY CERTIFICATION: 1 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).	described in box	7 have been examined by me this dige, and that the following findings h	date, that the have been made
ا غزا ا	shoulder	r blades c	ondate of	X I have verified the	I have verified the presence of the microchip, if a microchip is listed in box 7.	hip is listed in box	7.	-1
teain cermicate @ume			5 2	X I certify that the appear to be free of an animal or other animals X Y Y Y Y Y Y Y Y Y	I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animals or would endanger public health. To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not cuarantined	nuation sheet(s), if to the best of my k	applicable, have been inspected by me nowledge, exposure thereto, which worstly if applicable, originated from an arr	on this date and dendanger the
THE CHARLES IN THE PARTY OF THE				for rabies and has/hav	for rabies and has/have not been exposed to rabies.			
ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED) PRINTED NAME OF USDA VETERINARIAN				NAME, ADDRESS, A	NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN	UING VETERINA	IRIAN LICENSE NUMBER AND STATE	D STATE
USDA Office Veterinarian Official Stamp Here Address Phone Number				Veterinarian Signing Health Certificate Address Phone Number	Health Certificate		Accredited Yes No If yes, please complete below NATIONAL ACCREDITATION NUMBER	No below ATION NUMBER
				NOTE: International sh	NOTE: International shipments may require certification by an accredited veterinarian.	accredited veterina	rian.	
SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here	stamp he		DATE	SIGNATURE OF ISS	SIGNATURE OF ISSUING VETERINARIAN			DATE