

# 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.html>

<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

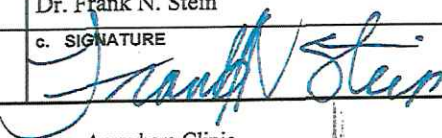
### PRIVACY ACT STATEMENT

**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 (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.

1. <b>OWNER'S NAME</b> (Last, First, Middle Initial) Monroe, Marilyn			2. <b>TELEPHONE NUMBER</b> (Include Area Code) (123) 456-7891	
3. <b>ADDRESS</b> (Number, Street, City, State, ZIP Code) 123 Lakeshore Dr. Hollywood, CA 98765				
4. <b>ANIMAL</b>				
a. <b>NAME</b> Stinker		b. <b>MICROCHIP NUMBER(S)</b> 98512100000123		c. <b>SPECIES</b> Canine
d. <b>SEX</b> FS				
e. <b>AGE</b> 7Y	f. <b>WEIGHT</b> 66.2lbs	g. <b>PREDOMINANT BREED</b> German Shepherd		h. <b>COLOR(S)</b> Black/Tan
5. <b>VACCINE</b>				
a. <b>PRODUCER</b> (First 3 letters) ZOE		b. <b>LOT NUMBER</b> 89891	c. <b>EXPIRATION DATE</b> 07 APR 2020	d. <b>VIRUS TYPE</b> Killed
e. <b>ADMINISTRATION SITE</b> Right Rear				
6. <b>VACCINATION</b>			7. <b>VETERINARIAN</b>	
a. <b>RABIES TAG NUMBER</b> 18-2356		b. <b>DATE VACCINATED</b> 12 DEC 2018		a. <b>NAME</b> Dr. Frank N. Stein
c. <b>VACCINATION DURATION</b> 3Y		d. <b>VACCINATION DUE</b> 12 DEC 2021		b. <b>LICENSE NUMBER</b> AW 12356
c. <b>SIGNATURE</b> 				
8. <b>FACILITY ADDRESS</b> (Street, City, State, ZIP Code) Anywhere Clinic 564 Broadway Dr. Hollywood, CA 98765				

### INSTRUCTIONS

1. **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.**
  - a. **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 issuance, of the responsible veterinarian.
  - c. **SIGNATURE.** Self-explanatory.
8. **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.

<b>1. OWNER'S NAME</b> (Last, First, Middle Initial) Monroe, Marilyn		<b>2. TELEPHONE NUMBER</b> (Include Area Code) (123) 456-7891	
<b>3. ADDRESS</b> (Number, Street, City, State, ZIP Code) 123 Lakeshore Dr. Hollywood, CA 98765			
<b>4. ANIMAL</b>			
a. NAME Stinker	b. MICROCHIP NUMBER(S) 985121000000123	c. SPECIES Canine	d. SEX FS
e. AGE 6Y	f. WEIGHT 68.6lbs	g. PREDOMINANT BREED German Shepherd	h. COLOR(S) Black/Tan
<b>5. VACCINE</b>			
a. PRODUCER (First 3 letters) ZOE	b. LOT NUMBER 98981	c. EXPIRATION DATE 05 MAR 2018	d. VIRUS TYPE Killed
			e. ADMINISTRATION SITE Right Rear
<b>6. VACCINATION</b>		<b>7. VETERINARIAN</b>	
a. RABIES TAG NUMBER 17-5689	b. DATE VACCINATED 28 DEC 2017	a. NAME Dr. Frank N. Stein	b. LICENSE NUMBER AW 12356
c. VACCINATION DURATION 3Y	d. VACCINATION DUE 28 DEC 2020	c. SIGNATURE 	
<b>8. FACILITY ADDRESS</b> (Street, City, State, ZIP Code) Anywhere Clinic 564 Broadway Dr. Hollywood, CA 98765			

## INSTRUCTIONS

1. 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.
  - a. 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 issuance, of the responsible veterinarian.
  - c. SIGNATURE. Self-explanatory.
8. 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>

Date/Time Received	BY:
DEC 16 2018	ENTERED
Lab Accession Number	

## OFFICIAL FORM: Print/type ALL information below

Pet Destination: Japan

### Owner Information

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 Color/ Age: 7 Y Sex:  M  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: Frank N. Stein  
*Signature acknowledges identity of pet, microchip number and owner's DOD beneficiary status*

### 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.

Beatriz Krivda  
Beatriz E. Krivda  
Microbiologist  
Date 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 (SSN).

**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.

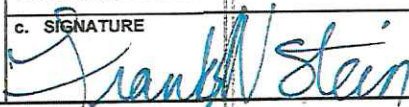
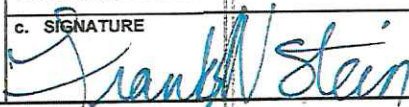
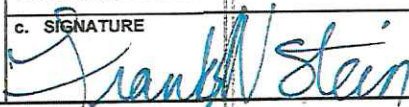
**DISCLOSURE:** Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

<b>1. OWNER'S NAME</b> <i>(Last, First, Middle Initial)</i> Monroe, Marilyn	<b>2. TELEPHONE NUMBER</b> <i>(Include Area Code)</i> (123) 456-7891
<b>3. ADDRESS</b> <i>(Number, Street, City, State, ZIP Code)</i> 123 Lakeshore Dr. Hollywood, CA 98765	

4. ANIMAL				
<b>a. NAME</b> Stinker	<b>b. SPECIES</b> Canine	<b>c. SEX</b> FS	<b>d. AGE</b> 7Y	<b>e. WEIGHT</b> 67.5
<b>f. MICROCHIP NUMBER(S)</b> 985121000000123	<b>g. PREDOMINANT BREED</b> German Shepherd		<b>h. COLOR(S)</b> Black/Tan	

5. RABIES IMMUNIZATION DATA				
<b>a. PRODUCER</b> <i>(First 3 letters)</i> ZOE	<b>b. LOT NUMBER</b> 89891	<b>c. VIRUS TYPE</b> Killed	<b>d. DATE VACCINATED</b> 12 DEC 2018	<b>e. VACCINATION DURATION</b> 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.

<b>6. FACILITY ADDRESS</b> <i>(Street, City, State, ZIP Code)</i> Anywhere Clinic 564 Broadway Dr. Hollywood, CA 98765 (789) 654-3219	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 5px;">7. VETERINARIAN</th> </tr> <tr> <td style="width: 70%; padding: 5px;"> <b>a. NAME</b>                      Dr. Frank N. Stein                 </td> <td style="width: 30%; padding: 5px;"> <b>b. LICENSE NUMBER</b>                      AW 12356                 </td> </tr> <tr> <td style="padding: 5px;"> <b>c. SIGNATURE</b>   </td> <td style="padding: 5px;"> <b>d. DATE (YYYYMMDD)</b>                      20190707                 </td> </tr> </table>	7. VETERINARIAN		<b>a. NAME</b> Dr. Frank N. Stein	<b>b. LICENSE NUMBER</b> AW 12356	<b>c. SIGNATURE</b> 	<b>d. DATE (YYYYMMDD)</b> 20190707
7. VETERINARIAN							
<b>a. NAME</b> Dr. Frank N. Stein	<b>b. LICENSE NUMBER</b> AW 12356						
<b>c. SIGNATURE</b> 	<b>d. DATE (YYYYMMDD)</b> 20190707						

### 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.
  - b. **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.
6. **FACILITY ADDRESS.** Self-explanatory.
7. **VETERINARIAN.**
  - a. **NAME.** Name of the veterinarian performing the examination and verifying the rabies vaccination 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.  
The correction shall be written adjacent to the original and signed.

**Quarantine  
Form AC**

Exporting country	United States of America
Consignor	Name : Marilyn Monroe Address : 123 Lakeshore Dr. Hollywood CA 98765
Consignee	Name : Marilyn Monroe Address : 123 Lakeshore Dr. Hollywood CA 98765

**IDENTIFICATION OF ANIMAL**

Species	Breed	Name	Sex
Canine	German Shepherd	Stinker	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age		Color	Use
2012/01/17		Black/tan	<input checked="" type="checkbox"/> Pet <input type="checkbox"/> Other:
Microchip number	Date of identification (yyyy/mm/dd)		
98512100000123	2012/04/04		

**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 2018/12/12	3 year(s)	Nobivac 3 Rabies Zoetis Killed
II 2017/12/28	3 year(s)	Nobivac 3 Rabies Zoetis Killed
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 2018/12/12	2.62	Name : FADL Country : USA
II		Name : Country :

**CLINICAL INSPECTION BY VETERINARIAN**

\*Immediately before embarkation ( Inspection within 10 days is acceptable )

I, Frank N. Stein, a veterinarian certify that:

- 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).

Address of veterinarian: 564 Broadway Dr. Hollywood CA 98765

Date of inspection (yyyy/mm/dd): 2019/07/07 Signature: Frank N. Stein

**ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN**

I, Count Dracula, 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.

Name and address of office: 785 Bloomington Way  
Hollywood CA 98765

Signature: Count Dracula

Dr. Count Dracula  
USDA, APHIS, VS  
785 Bloomington Way  
Hollywood CA 98765

OFFICIAL GOVERNMENT STAMP

Date (yyyy/mm/dd): 20190707

**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**

Exporting country			
Consignor		Name : <u>Sending</u> Address : _____	
Consignee		Name : _____ Address : <u>Receiving</u>	
IDENTIFICATION OF ANIMAL			
Species <u>Canine/Feline</u>	Breed	Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth (yyyy/mm/dd) or Age		Color	Use <input checked="" type="checkbox"/> Pet <input type="checkbox"/> Other:
Microchip number		Date of identification (yyyy/mm/dd) <u>when chip was placed</u>	
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 <u>most current</u>	_____ year(s)	_____	
II	_____ year(s)	_____	
III	_____ year(s)	_____	
IV <u>least current</u>	_____ 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 <u>Kansas State or FADL</u>	
I		Name : _____ Country : _____	
II		Name : _____ Country : _____	
CLINICAL INSPECTION BY VETERINARIAN			
*Immediately before embarkation (Inspection within 10 days is acceptable)			
I, _____, a veterinarian certify that: • 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).  Address of veterinarian: _____  Date of inspection (yyyy/mm/dd): _____ Signature: _____			
ENDORSEMENT BY OFFICIAL GOVERNMENT VETERINARIAN			
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.  Name and address of office: _____  _____  Signature: _____			
		OFFICIAL GOVERNMENT STAMP  Date (yyyy/mm/dd): _____	

FAVN →

Vet Clinics

USDA →  
or Military  
Vet



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**

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

**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**  
20190707-POA-0123

**3. TOTAL NUMBER OF ANIMALS**  
1

**4. PAGE**  
1

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)**  
 Marilyn Monroe  
 123 Lakeshore Dr.  
 Hollywood, CA 98765  
 (123) 456-7891

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)**  
 Marilyn Monroe  
 123 Lakeshore Dr.  
 Hollywood, CA 98765  
 (123) 456-7891

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) Stinker, 985121000000123	German Shephard	7	FS	Black/Tan	<input type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input checked="" type="checkbox"/> 3 YEARS	Nobivac-3 DaPv (3y), Bordetella (1yr)
(2)						Lepto-4 1yr, Bordetella 1yr, Heartworm Neg, Fecal- Neg
(3)						FAVN: >4.56 IU/mL PASS
(4)						ISO Microchip implantation
(5)						
(6)						

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)**  
 Stinker FAVN received on 16 DEC 18 and tested on 3 JAN 19 with results of >= 2.62 IU/ml at DOD FADL lab.  
 K9 Advantix II Extra Large Dog >55lbs applied topically between the shoulder blades on 7 JUL 19 @ 0915.  
 Stinker Date of Birth 17 JAN 2012.

I have verified the presence of the microchip, if a microchip is listed in box 7.  
 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 animal or other 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 quarantined for rabies and has/have not been exposed to rabies.

**ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)**  
 PRINTED NAME OF USDA VETERINARIAN  
 Count Dracula  
 785 Bloomington Way  
 Hollywood, CA 98765  
 (987) 456- 3217

**SIGNATURE OF INTERNATIONAL EXPORTING VETERINARIAN**  
 Apply USDA Seal or Stamp here

**SIGNATURE OF ISSUING VETERINARIAN**  
 Frank N. Stein  
 564 Broadway Dr.  
 Hollywood, CA 98765  
 (789) 654-3219

**DATE**  
20190707

**SIGNATURE OF USDA VETERINARIAN**  
 APHIS Form 7001 (NOV-2010)

**DATE**  
20190707

**NATIONAL ACCREDITATION NUMBER**  
AW 12356

**LICENSE NUMBER AND STATE**  
AW 12356

**Accredited**  Yes  No  
 If yes, please complete below

**DATE**  
20190707

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 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**

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

**2. CERTIFICATE NUMBER - OFFICIAL USE ONLY**  
Date (YYYYMMDD)-POA-Last 4 of Microchip

**3. TOTAL NUMBER OF ANIMALS**  
**4. PAGE**

**5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)**  
Owner information at location prior to moving

**6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)**  
Owner information- preferred location of destination,  
If unknown address at location prior to moving will work

USDA License/or 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
(1) Pet name and Microchip	Dominant Breed			
(2)				
(3)				
(4)				
(5) Iso				
(6)				

**9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)**  
 FAVN received on \_\_\_\_\_ and tested on \_\_\_\_\_ with results of >= \_\_\_\_\_ IU/ml at \_\_\_\_\_ (DOD FADL, K-State, or Laboklin \_\_\_\_\_ lab.  
 Topical Flea and Tick \_\_\_\_\_ Brand \_\_\_\_\_ Size \_\_\_\_\_ applied topically between the shoulder blades on \_\_\_\_\_ date of health certificate \_\_\_\_\_ @ \_\_\_\_\_ time \_\_\_\_\_.  
 Date of Birth \_\_\_\_\_.

I have verified the presence of the microchip, if a microchip is listed in box 7.

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 animal or other 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 quarantined for rabies and has/have not been exposed to rabies.

**ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)**  
**PRINTED NAME OF USDA VETERINARIAN**  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**VETERINARIAN SIGNING HEALTH CERTIFICATE**  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

**LICENSE NUMBER AND STATE**  
 Accredited  Yes  No  
 If yes, please complete below  
**NATIONAL ACCREDITATION NUMBER** \_\_\_\_\_

**SIGNATURE OF USDA VETERINARIAN** Apply USDA Seal or Stamp here **DATE**

NOTE: International shipments may require certification by an accredited veterinarian.  
**SIGNATURE OF ISSUING VETERINARIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_