**Health Certificate**

Date of issue: [mm/dd/yyyy]

**Patient Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Species |  | Birth Date |  |
| Breed |  | Sex |  |
| Color |  | Body Size |  |
| Name |  | | |
| Microchip Number |  | Implantation Date |  |

**Owner Information**

|  |  |
| --- | --- |
| Name |  |
| Adress |  |
| Phone |  |

**Vaccination Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rabies vaccination | | | | | |
| Vaccination date  [mm/dd/yyyy] | Due date  [mm/dd/yyyy] | Product name | Manufacturer | Lot number | Lot expiry date  [mm/dd/yyyy] |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Other vaccination | | | | | |
| Vaccination date  [mm/dd/yyyy] | Due date  [mm/dd/yyyy] | Product name | Manufacturer | Lot number | Lot expiry date  [mm/dd/yyyy] |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Antiparasitic Treatment**

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment date  [mm/dd/yyyy] | Product name | Manufacturer | Active agent |
|  |  |  |  |
|  |  |  |  |

The animal has lived in Japan since birth or for more than six months prior to export.

The animal has shown no clinical signs of rabies or any other infectious or communicable disease and is healthy and fit to travel.

Veterinarian’s Name:

Signature:

Animal Hospital

Address:

Japan

TEL: +81-