

# APPLICATION ONLY NOT TO BE CERTIFIED



DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS  
SCOTTISH GOVERNMENT  
WELSH GOVERNMENT

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT NORTHERN IRELAND

EXPORT OF DOGS & CATS TO JAPAN FROM THE UNITED KINGDOM

No: .....

HEALTH CERTIFICATE

EXPORTING COUNTRY: UNITED KINGDOM

CERTIFYING VETERINARIAN: OFFICIAL VETERINARIAN

## I. Description of the Cat\*/Dog\*

Breed	Sex	Date of Birth or Age <small>(as stated by Owner)</small>	Colour, coat type or other distinctive features (e.g. markings or tattoo)

- a) **Pet name** (if applicable):
- b) **Microchip**
- (i) Microchip Number:
  - (ii) Date of implantation (dd/mm/yyyy):
  - (iii) Implantation site:
  - (iv) Type of reader:
- c) **Declared use:** Personal pet\*/ commercial pet\*/ other\*.....

## II. Origin of the animals

- a) Name and address of owner:
  
  
  
  
  
- b) Name and address of exporter (if different):
  
  
  
  
  
- c) Name and address of consignee:
  
  
  
  
  
- d) Approval number:

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## III. HEALTH INFORMATION

I, the undersigned Official Veterinarian, certify that on.....(date), being immediately before embarkation (preferably within 48 hours):

- a) I have confirmed the identity of the animal described at paragraph I. by reading the implanted microchip described at paragraph I.b) (iii);
- b) the said animal was examined and found to be free from clinical signs of infectious or contagious disease including **rabies**, and external parasites, and in my opinion is fit to travel;
- c) \* **ONLY IN CASE OF A DOG**  
the said animal was examined and found to be free from clinical signs of **leptospirosis**;
- d) The animal meets the criteria of having undergone the following vaccinations/tests in accordance with that set out below:

(i) The animal was least 91 days of age when first vaccinated:

(ii) Rabies Vaccination

Date of Vaccination (year/month/day)	Validation Period (year) of vaccination *(circle the appropriate)	Name of Product and manufacturer (batch number)	Name and address of veterinarian
	1Y, 2Y, 3Y other Y		
	1Y, 2Y, 3Y other Y		
	1Y, 2Y, 3Y other Y		
	1Y, 2Y, 3Y other Y		
	1Y, 2Y, 3Y other Y		

(iii) The laboratory report of the result is attached to this EHC.

Date of sampling year/month/day		
Name and address of veterinarian who took or supervised the blood sampling		
Name of the laboratory designated by the Japanese government		
Test result (IU/ml) Equal to or greater than 0.5 IU/ml		

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**e)\* Details of other vaccinations and treatments**

	Date of Vaccination	Valid period (year) of Vaccination (circle the appropriate)*	Kind of vaccine or active ingredient(s)	Name and address of veterinarian
Other vaccination (except rabies)		1Y, 2Y, 3Y Other Y		
		1Y, 2Y, 3Y Other Y		
Treatment of internal parasites		/		
Treatment of external parasites		/		

\* Delete as appropriate

Official Veterinarian Stamp      Signed .....RCVS

.....  
Official Veterinarian (Name in block letters)

Date

Address .....

.....  
Official e-mail address\*

.....

CONTINUED ON PART B - CERTIFICATE OF EMBARKATION (OVERLEAF)

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## IV. PART B - CERTIFICATE AT EMBARKATION

I, the undersigned Official Veterinarian, certify that:

- a) the animal has been placed in a container that meets International Air Transport Association (IATA) standards;
- b) (i) **either\*** I have received a declaration from the owner/exporter\* stating that the animal will be transported directly from the United Kingdom to Japan and the aeroplane or vessel will not stop at ports or airports in any other country;  
(ii) **or\*** the container has been sealed with a seal bearing the following number/mark:.....
- c) to the best of my knowledge and belief all the details filled in sections **I.**, **II.** and **III.** above are true and correct and have also received the appropriate declaration from the pet owner regarding paragraphs I(c), III(d) and IV (b) of this certificate (attached to this certificate).

V. This certificate is valid for 10 days from the date of signature.

\* Delete as appropriate

Official Veterinarian Stamp Signed .....RCVS

.....  
Official Veterinarian (Name in block letters)

Date

Address .....

.....  
Official e-mail address\*

.....