

Health Examination Certificate

Animal species: Dog/Cat	Date of birth:
Gender:	
Microchip number:	Microchip implantation date:
Owner's name:	Owner's address:

Rabies vaccination date:	Year Month Day (Product name and manufacturer)
<input type="checkbox"/> As shown on the right	
<input type="checkbox"/> As shown on the attached certificate	
<input type="checkbox"/> Not administered	
Date of other vaccinations:	Year Month Day (Product name and manufacturer)
<input type="checkbox"/> As shown on the right	
<input type="checkbox"/> As shown on the attached certificate	
<input type="checkbox"/> Not administered	

Other treatments required by the import conditions of the destination country (fill in the date and content of treatment or attach a separate certificate):

The health condition of the above dog/cat (circle the appropriate box) is currently good, with no notable abnormalities.

<p style="font-size: 1.2em; margin: 0;">FUKU ANIMAL HOSPITAL</p> <p style="margin: 0;">186-0002 Higashi 2-28-1 Kunitachi city Tokyo Japan +81 42 575 7669 Email:fukuahp@gmail.com</p>
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Name of issuing veterinarian:
(signature or stamp)

Issuing veterinarian name: (signature or stamp) Note: Please issue within 10 days of departure if possible.