



VACCINATION CERTIFICATE
予防接種証明書

飼主名 幡谷 直朗 様

住所 茨城県東茨城郡大洗町大貫町64-42

名前 幡谷 ヨーダ ちゃん

カルテNo. 5162-02

種別 犬

アフラガン・ハウンド

生年月日 2023年6月8日

性別 ♂

接種したワクチンの種類

ノビバツクDHPPi (5種)

接種年月日

2025年5月1日



Lot No. 5-130

No.

フレンドアニマルメディカルセンター

〒 310-0817

茨城県水戸市柳町2-10-8

TEL 029-221-2011

獣医師 稲野辺 健司



上記のとおり接種したことを証明します。

今回は

2026年5月1日

頃接種してください。

RABIES ANTIBODY TEST CERTIFICATE AND SUBMISSION FORM



RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN
BIOCHEMISTRY & TOXICOLOGY
3-7-11 Hashimotodai, Midoriku, Sagamihara, Kanagawa 252-0132, Japan
TEL: +81(0)42-762-2819, FAX: +81(0)42-762-7979
E-mail: rabies@riasbt.or.jp (attn: RABIES ANTIBODY TEST)
URL: https://www.riasbt.jp/ (RIAS website)

1. Please complete one submission form per animal. Please check the appropriate box regarding "animal species".
2. Please send a minimum of 1 mL of serum (*plasma is unacceptable) clearly labelled with the animal's microchip number.
3. All the serum samples should be sent with refrigerated packaging, ensuring that completed submission forms are enclosed.
4. Please send serum samples to arrive on weekdays.
5. No certificate can be issued without the signature of a submitting veterinary surgeon. Please make sure he/she has signed in the designated column.

Send sample to: **RESEARCH INSTITUTE FOR ANIMAL SCIENCE IN BIOCHEMISTRY AND TOXICOLOGY**
3-7-11 Hashimotodai, Midoriku, Sagamihara, Kanagawa 252-0132, Japan

Payment:	Payment should be made in advance. Please pay to the bank account below by bank remittance. Please note that bank transfer fee will be borne by the client. Please note that testing will only commence after completion of the bank remittance is confirmed.
Bank account:	MIZUHO BANK MACHIDA BRANCH 1140722
Price of Test	15,000 Japanese Yen (Including tax)

FOR OWNER'S USE	Date of submission: 2025/6/23 year/month/day	Estimated date of departure: 2025/09/01 year/month/day
Name:	Shota Hirai	
Address:	1630-3 Osato, Shibayamamachi, Sanmugun, Chibaken, Japan	
	Postcode289-1603	TEL&FAX:+81-80-1111-8663

FOR SUBMITTING VETERINARY SURGEON'S USE		
Names of practice and veterinary surgeon	Dr. Yuki Nagashima at Nanae Inuneko Animal Hospital	Signature of veterinary surgeon and date signed Yuki Nagashima D.V.M. 永嶋 2025/06/24
Address:	654-208 Nanae, Tomisatoshi, Chibaken, Japan	
	Postcode286-0221	TEL&FAX:+81-476-85-6977

Animal's details	Please check the appropriate box <input checked="" type="checkbox"/> Canine <input type="checkbox"/> Feline <input type="checkbox"/> Other(Please specify) _____		Microchip Number: 3 9 2 1 4 9 0 0 2 3 1 6 2 1 0
Pet's name Breed	Pet's name: Yoda Breed: Afghan Hound		Date of Implantation of Microchip 2023/07/11
Date of Birth:	2023/06/08		Date of Blood drawing: 2025/06/24

Rabies Vaccination History (The last two times) * Please check the appropriate box

Date	Vaccine Product Name	Valid Period of Immunity*	Vaccine Manufacturer	Lot Number
2025/06/19	Nisseiken Rabies TC Vaccine	<input checked="" type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years	N i s s e i k e n	2 4 - 3
2024/07/19	Kyotobiken Rabies TC Vaccine	<input checked="" type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years	K y o t o b i k e n	2 0 4
		<input type="checkbox"/> 1year • <input type="checkbox"/> 2years • <input type="checkbox"/> 3years		

For RIAS use only		Fluorescent Antibody Virus Neutralization test (FAVN)		Research Institute for Animal Science in Biochemistry & Toxicology	
 IU/mL		This is to certify the test result stated to the left (Antibody level must be 0.5IU/mL or above.).			
Date of Sample Receipt	2025/Jul./25 year/month/day	Sample Ref. Number	R 25 1865	Date of Certificate Issue	2025/Jul./03 year/month/day

CERTIFICATE OF VACCINATION

THIS IS A CERTIFICATION THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES:

Owner: Shota Hirai
Owner's address: 1630-3 Osato, Shibayamamachi, Sanmugun, Chiba, 289-1603, Japan
Patient Name Yoda
Species Canine
Breed Afghan Hound
Color Black and Silver
Sex Male
Birthday June 8, 2023
Microchip # 392149002316210

Date of Rabies Vaccination: July 19, 2024

Name of product: "KYOTOBIKEN" RABIES TC INACTIVATED VACCINE

Lot: 204

The rabies vaccination is good for 1 YEAR.

Name of Clinic: Friend Animal Medical Center
Address: 2-10-8 Yanagimachi, Mito, Ibaraki, 310-0817, Japan
Name of Veterinarian: Kenji Inanobe, D.V.M

Signature of Veterinarian: Kenji Inanobe



〒310-0817 茨城県水戸市柳町2-10-8
フレンドアニマル
メディカルセンター
TEL (029) 221-2011 FAX 221-2009

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Owner: Shota Hirai

Owner's address: 1630-3 Osato, Shibayamamachi, Sanmugun, Chiba, 289-1603, Japan

Patient Name Yoda

Species Canine

Breed Afghan Hound

Color Black and Silver

Sex Male

Birthday June 8, 2023

Microchip # 392149002316210

Date of Rabies Vaccination: June 19, 2025

Name of product: Nisseiken Rabies TC Vaccine

Lot: 24-3

The rabies vaccination is good for 1 YEAR.

Name of Clinic: Nanae Inuneko Animal Hospital

654-208 Nanae, Tomisatoshi, Chibaken, 286-0221, Japan

Tel: +81-476-85-6977

Name of Veterinarian: Dr. Yuki Nagashima

Signature of Veterinarian: Yuki Nagashima. DVM

