

Form #3 (related to Article 4)

Notification of Dog's Death (English Guide)

Date (YYYY/MM/DD) 2029年 5月 30日

Mayor of Minamisoma

Address Minamisoma-shi, △△-ku △△-chome-△△

Applicant Name Jane Doe

Phone Number 123-4567-8910

I submit the following notification in accordance with the Rabies Precautionary Measures Article 4, Measure 4.

Owner of dog at the time of the dog's passing	Address	Minamisoma-shi, △△-ku △△-chome-△△
	Name	Jane Doe
Year registered		2020
Registration number		第 000000000000 号
Date of death		Date (YYYY/MM/DD) 2029年 5月 22日
Reason for inability to return license or vaccination slip (if applicable)		

Note: 1 For corporate bodies, use the office address and the name of the corporate body as well as the name of a representative when filling out the owner's information.
2 Please return the license and vaccination slip.