

Form #4 (related to Article 5)

Notification of Dog Registration Change (**English Guide**)

Date (YYYY/MM/DD) **2020**年 **1**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, Measures 4 and 5.

Note: Please fill in the information within the bolded box.

Year registered		2020
Registration number		第 000000000000 号
Changes	Changed item	Address (住所)
	Before change	Minamisoma-shi, ○○-ku ○○-chome-○○
	After change	Minamisoma-shi, △△-ku △△-chome-△△
Issued license	Year registered	
	Registration number	
	Date issued	年 月 日

Note: 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.