

Form #5 (related to Article 6)

Vaccination Slip Reissuance Application (English Guide)

Date (YYYY/MM/DD) 2023年 10月 2日

Mayor of Minamisoma

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

Applicant Name Jane Doe

Phone Number 123-4567-8910

I submit the following license reissuance application in accordance with the Rabies
Precautionary Measures Article 13, Measure 1.

Note: 1 Please fill in the information within the bolded box.
2 Check the appropriate boxes.

Year registered	2020
Registration number	第 000000000000 号
Dog's address	Minamisoma-shi, △△-ku △△-chome-△△
Reason for application	<input type="checkbox"/> Loss <input checked="" type="checkbox"/> Damage

Reissued vaccination slip number	
Date reissued	年 月 日

Note: 1 For corporate bodies, use the office address and a representative or title when
filling out the owner's information.
2 In cases where the vaccination slip has been damaged, please hand over the current
slip.