

Required Documents List (veterinary medical devices)

(Submission of this list is not required when applying.)

必要な書類 Required Documents	添付書類名 Attached Documents	添付に関する留意事項 Notes on Attachments
○	Application for Import Permit of Veterinary Medical Devices	If the importer's address differs from the address shown on the invoice, please enter the address that matches the invoice in the "Shipping Address" field.
○	Product Description	Prepare a separate form for each imported item.
○	Copy of the Invoice	Confirm that the invoice contains the product name, quantity, date, purchaser's name, and shipping address. If no invoice is available, please contact us in advance.
○	Copy of the Customs Notice (e.g., postcard or other notification)	If you do not have this notification, contact us in advance. Not required if brought into Japan as accompanied baggage.
○	Self-Addressed Stamped Envelope (for Return Mailing)	Affix stamps are equal to the required postage. This is not required if you wish to receive the confirmation form by email and do not require the original document to be required.

○ : Must be submitted

△ : Submit if applicable.

動物用医療機器輸入確認願

Application for Import Confirmation of veterinary medical devices

年 月 日
Year/Month/Day

農林水産省消費・安全局畜水産安全管理課長 殿

To: Director, Animal Products Safety Division

Food Safety and Consumer Affairs Bureau

Ministry of Agriculture, Forestry and Fisheries

輸入者住所 (Importer's address)

輸入者氏名 (Importer's name)

連絡先 (Contact Email)

下記の動物用医療機器の輸入に当たって、「動物用医薬品等の輸入監視について」（平成 26 年 11 月 17 日付け 26 消安第 4019 号農林水産省消費・安全局長通知）別紙 3 の（3）の ア に基づき動物用医療機器輸入確認願を提出します。

今回輸入する動物用医薬医療機器については、下記の輸入目的のみに使用するとともに、使用に係る一切の責任は輸入者が負うこととします。また、当該動物用医療機器を他者に販売・授与は行いません。

なお、当該動物用医療機器に係る受払（使用）に関する記録を作成し、この輸入確認願を提出した日から 3 年間保存します。

I hereby apply for import permit of veterinary medical devices pursuant to item (ア) of paragraph (3) of Appendix 3 to the notification "Monitoring of Imports of VMP" (26 Shoan No. 4019, issued by the Director-General of the Consumer Affairs and Safety Bureau, MAFF, on November 17, 2014), as described below.

記

輸 入 品 名 Product name	容量・規格 Capacity・ Standard	数量 Quantity	製 造 業 者 名 Manufacturer's Name	生 産 国 又は地域 Country or Region of Origin

輸入の目的 Purpose of Importation	個人用 personal use only (Not for clinical, research, or commercial purposes.)
輸入年月日 Date of Importation	年 月 日 Year/Month/Day
蔵置場所 Storage place	Write the name of the customs office where package is detained. Leave this field blank for accompanied baggage.
送付先の名称、住所及び連絡先 Recipient's Name, Address and Contact Information	Leave this field blank, if the address is the same as the "importer's address". For accompanied baggage, write the name, address and contact information of the person who will primarily use the veterinary medical devices.
備考 Remarks	
農林水産省確認欄 MAFF Confirmation	Leave this field blank

(Japanese Industrial standard size A4)

別記様式第 1 号

商品説明書
Product Description

1. 輸入動物用医薬品等の概要
Summary of veterinary medical devices.

輸入品名 Products name	
容量・規格 Capacity/ Standard	
製造業者名 Manufacturer's Name	
製造国名 Country of Origin	
成分・分量 構造式/剤型/ 構造/原理/材 質 Ingridients/Quanti ty/Formula/Formu lation/Structure/P rinciple/Material	
効能又は効果 Indications or effects	
用法及び用量 Administration and Dosage	

2. 輸入理由及び使用の概要

Reason for importation and summary of use

輸入する理由 Reason for Importation ※ 1	Describe in detail the reasons why veterinary medical devices available in Japan cannot be used and why imported veterinary drugs must be used. Example: Not available in Japan. To use the product until a supplier can be found in Japan.
使用動物種 Target animal species for use ※ 2	Mark the appropriate animal medical devices. Dogs / Cats / Other (please specify: _____)
1 頭、1 回当たりの使用量 Dose per use for 1 head	
月間使用回数 Number of uses per month	
使用予定期間 Expected period of use	

3. 輸入動物用医薬品等の入手に関する情報

Information on Obtaining Imported animal medical devices., etc.

入手先（販売店名等） Where obtained (Name of distributor, etc.)	
入手方法 How to obtain	
入手時期 Date of acquisition	
購入金額 Purchase price	

(Japanese Industrial standard size A4)