様式第1号(第1条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 犬の登録申請書  　串本町長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | | | |
| 申請年月日 | | | | | | | | | | | | | | | | | | | | |  |
|  | |  | 年 | |  | |  | | | 月 | |  | | | |  | | | 日 | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 申請者  (所有者) | | 住所(法人にあっては、主たる事務所の所在地)　　※市町村名から分かりやすく記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 町 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 氏名(法人にあっては、名称)※カナ及び漢字とも姓と名の間は、あけること。 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 電話番号　※市外局番、市内局番及び番号の間には―を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| カナ | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | |  |  | |  | |  | | |  | |  | | | |  | | |  | |
| 漢字 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 狂犬病予防法施行規則第3条の規定により、次のとおり申請します。  　※犬の所在地は、申請者(所有者)の住所地と違う場合に記入すること(同じ場合は、記入不要)。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の所在地 | | | 串本町 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の種類 | | | | | | | | | |  | 犬の生年月日 | | | | | | | | | | | | | | | | | | | | | |  | | 犬の毛色 | | | | | | | | | | | | | | | |  | | 犬の性別 | | | | | |  |
|  | | | | | | | | | |  | |  | | | 年 | |  | |  | | | 月 | |  | | |  | | | 日 | |  | | | | | | | | | | | | | | | | 0　おす  1　めす | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の名　※カタカナで記入すること。 | | | | | | | | | | | | | | | | | | |  | | その他犬の特徴となるべき事項 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ※この行は、記載しないこと。 | | | 登録番号 | |  | |  |  |  |  | | |  | |  |  | | 注射済票番号 | | | | |  | |  | |  |  | | |  | |  | |  | | |  | | 予防注射年月日 | | |  | |  | | 年 |  | |  | | | 月 | | |  |  | | 日 | |

※年は、西暦の下2桁を記入すること。

様式第4号(第4条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 犬の死亡届  　串本町長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | |
| 届出年月日 | | | | | | | | | | |  |
|  |  | 年 |  |  | 月 |  | | |  | 日 |
|  | | | | | | | | | | | |
| 届出者  (所有者) | | | 住所(法人にあっては、主たる事務所の所在地)　　※市町村名から分かりやすく記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 町 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | 氏名(法人にあっては、名称)※カナ及び漢字とも姓と名の間は、あけること。 | | | | | | | | | | | | | | | | | | | |  | | 電話番号　※市外局番、市内局番及び番号の間には―を記入すること。 | | | | | | | | | | | | | | | | | |  |
| カナ | |  | | | | | | | | | | | | | | | | | |  | |  | |  | | |  |  |  |  |  |  |  | | |  |  |
| 漢字 | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 狂犬病予防法施行規則第8条第1項の規定により、次のとおり届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の登録番号 | | | | | | | | | | | |  | 犬の登録年度 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 登録番号 |  | |  | |  |  | |  |  |  |  | 登録年度 | |  | |  | |
|  | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の種類 | | | | | | | | | | | |  | 犬の生年月日 | | | | | | | | | | | | | | | |  | 犬の毛色 | | | | | | | |  | 犬の性別 | | |  |
|  | | | | | | | | | | | |  |  | | 年 | |  | |  | 月 | |  | |  | | 日 | |  | | | | | | | | 0　おす  1　めす | | |
|  | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の名　※カタカナで記入すること。 | | | | | | | | | | | |  | 犬の死亡年月日 | | | | | | | | | | | | | | | |  | 備考 | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |  | | 年 | |  | |  | 月 | |  | |  | | 日 | |  | | | | | | | | | | | |
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備考　鑑札及び注射済票を添付すること。

様式第5号(第5条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 犬の登録事項変更届  　串本町長　様 | | | | | | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | |
| 届出年月日 | | | | | | | | |  |
|  |  | 年 |  |  | 月 |  |  | 日 |
|  | | | | | | | | | |
| 届出者  (所有者) | | 住所(法人にあっては、主たる事務所の所在地)　　※市町村名から分かりやすく記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 町 | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 氏名(法人にあっては、名称)※カナ及び漢字とも姓と名の間は、あけること。 | | | | | | | | | | | | |  | 電話番号　※市外局番、市内局番及び番号の間には―を記入すること。 | | | | | | | | | | | |  |
| カナ | |  | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
| 漢字 | |  | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 狂犬病予防法施行規則第9条の規定により、次のとおり届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 登録年度 | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | |
| 登録番号 | |  | |  | |  |  |  |  |  |  | 犬の旧所在地の市町村名 |  | | | | | 旧所在地の市町村の登録番号 | | |  | | | | | |  |
| 変更事項 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更前 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更後 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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様式第3号(第3条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 犬の鑑札再交付申請書  　串本町長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | |
| 申請年月日 | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | 年 | |  | |  | | | 月 |  | | |  | 日 |
|  | | | | | | | | | | | | | | | | | | | |
| 申請者  (所有者) | | 住所(法人にあっては、主たる事務所の所在地)　　※市町村名から分かりやすく記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 町 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | 氏名(法人にあっては、名称)※カナ及び漢字とも姓と名の間は、あけること。 | | | | | | | | | | | | | | | | | | | | |  | 電話番号　※市外局番、市内局番及び番号の間には―を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| カナ | |  | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | |  | | | |  | |  | |  | |  | | |  |  | | |  |  |
| 漢字 | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 犬の鑑札を亡失又は損傷したので、狂犬病予防法施行規則第6条第1項の規定により、次のとおり申請します。  　※犬の所在地は、申請者(所有者)の住所地と違う場合に記入すること(同じ場合は、記入不要)。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の所在地 | | | 串本町 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の種類 | | | | | | |  | | 犬の生年月日 | | | | | | | | | | | | | | | | | |  | | 犬の毛色 | | | | | | | | | | | | | | | | | |  | 犬の性別 | | |  |
|  | | | | | | |  | |  | | | 年 | |  | |  | | 月 |  |  | | 日 | | |  | | | | | | | | | | | | | | | | | | 0　おす  1　めす | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の名　※カタカナで記入すること。 | | | | | | | | | | |  | その他犬の特徴となるべき事項 | | | | | | | | | | | | | | | | | | | |  | | 亡失又は損傷した理由 | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| ※この行は、記載しないこと。 | | | 亡失又は損傷した鑑札の登録番号 | | |  |  | |  | |  | | |  | |  | |  | |  | 再交付した鑑札の登録番号 | | | | |  | | |  | | |  | |  | |  | |  | |  | |  | | 備考 |  | | | | | | | |

様式第6号(第6条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 注射済票再交付申請書  　串本町長　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | |
| 申請年月日 | | | | | | | | | | | | | | | | | | |  |
|  | | |  | | | 年 | |  | |  | | | 月 |  | | |  | 日 |
|  | | | | | | | | | | | | | | | | | | | |
| 申請者  (所有者) | | | 住所(法人にあっては、主たる事務所の所在地)　　※市町村名から分かりやすく記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 町 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 氏名(法人にあっては、名称)※カナ及び漢字とも姓と名の間は、あけること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 電話番号　※市外局番、市内局番及び番号の間には―を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| カナ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | |  | |  | | |  | | |  | |  | |  | | |  |  | | |  |  |
| 漢字 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 注射済票を亡失又は損傷したので狂犬病予防法施行規則第13条第1項の規定により、次のとおり申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | ※犬の所在地は、申請者(所有者)の住所地と違う場合に記入すること(同じ場合は、記入不要)。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 登録番号 | | | | | | | | | | | | |  | | 犬の所在地 | | | | | | | | 串本町 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 登録番号 |  | |  |  | |  |  | |  |  |  | |
|  | | | | | | | | | | | | | | | | ※年は、西暦の下2桁を記入すること。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 犬の種類 | | | | | | | | | | | | |  | | 犬の生年月日 | | | | | | | | | | | | | | | | | | | | | | |  | 犬の毛色 | | | | | | | | | | | | | | | | | | |  | 犬の性別 | | |  |
|  | | | | | | | | | | | | |  | |  | | | | 年 | | | |  | |  | | 月 | |  |  | | | 日 | | |  | | | | | | | | | | | | | | | | | | | 0　おす  1　めす | | |
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|  | 犬の名　※カタカナで記入すること。 | | | | | | | | | | | | | | | | | |  | | その他犬の特徴となるべき事項 | | | | | | | | | | | | | | | | | | | | | | |  | | 亡失又は損傷した理由 | | | | | | | | | | | | | | | | |  |
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| ※この行は、記載しないこと。 | | | | | | 亡失又は損傷した注射済番号 | | | | | | |  | |  | |  | | |  | | |  | |  | |  | |  | | 再交付した注射済票番号 | | | | | | |  | | |  | |  | |  | | |  |  | |  | |  | | 備考 |  | | | | | | | |