

CERTIFICATE OF HEALTH AND ORIGIN FOR IMPORT OF A DOG TO ICELAND

This certificate is according to Regulation no. 935/2004 on the Importation of Pets (Companion Animals) and Dog Semen

PART I - IDENTIFICATION OF OWNER / IMPORTER OF DOG		
Owner/importer		Personal identification number (Icelanders)
Address		City
Postal code	Country	Telephone number
Fax number	e-mail address	

PART II - IDENTIFICATION AND ORIGIN OF DOG		
Country of export	Breed	Date of birth
ID-no (microchip no)		Name of dog
Special markings (color, fur etc.)		<input type="checkbox"/> Male <input type="checkbox"/> Female

PART III - HEALTH EXAMINATION AND TREATMENT - WITHIN 10 DAYS PRIOR TO IMPORTATION
I, THE UNDERSIGNED LICENSED VETERINARIAN, HAVE TODAY EXAMINED AND TREATED THE DOG IDENTIFIED IN PART II, AND CONFIRM THAT:
<ol style="list-style-type: none"> 1. The owner has assured me that the dog is intended for import to Iceland within a maximum of 10 days. 2. The dog does not show any signs of contagious disease. 3. The dog has been treated for tapeworm (<i>Echinococcus multilocularis</i> and <i>Echinococcus granulosus</i>) with an approved veterinary medicinal product containing the active ingredient praziquantel. Name of product: _____ 4. The dog has been treated for external parasites with an approved veterinary medicinal product containing either of the active ingredients fipronil or permethrin. Name of product: _____ 5. If ear mite infection is suspected / confirmed, the dog has been treated with an approved veterinary medicinal product. Name of product: _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> <u>No suspicion of ear mite infection</u> </div>

Veterinarian in the country of export. Date of health examination and treatment. Signature and stamp		
Name of veterinarian (in BLOCK LETTERS)	Date	Signature and stamp
Veterinary hospital and telephone number		

PART IV - ESTIMATED DATE AND TIME OF ARRIVAL OF DOG TO ICELAND	
Estimated date and time of arrival in Iceland	Flight number

Owner / Importer	Name of dog
------------------	-------------

PART V - VACCINATIONS

I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE DOG IDENTIFIED IN PART II, BASED UPON ORIGINAL VACCINATION DOCUMENTS AND LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS:

1.a) RABIES

The dog has been vaccinated against rabies with an approved, killed vaccine, within the last **365** days prior to importation. At the time of vaccination the dog was at least 12 weeks old. On the day of import, at least **120 days** will have passed from the first rabies vaccination.

Date of vaccination:	Name of vaccine:
----------------------	------------------

In case of revaccination: date of the last vaccination prior to this revaccination:	
---	--

Mark the correct alternative:
 First rabies vaccination: the dog may be imported when **120** days have passed from the time of vaccination
 Rabies revaccination: the dog may be imported when **30** days have passed from the time of the last revaccination.

1.b) RABIES ANTIBODY TITRE TEST

A blood sample taken no earlier than **30** days after the last rabies vaccination, showed that the rabies neutralizing antibody titre was at least 0.5 IU/ml

A LABORATORY CERTIFICATE OF RABIES ANTIBODY TITER TEST RESULTS MUST BE ENCLOSED WITH THIS CERTIFICATE

Date of blood sampling:	Name of laboratory:
-------------------------	---------------------

(Point 1 - Rabies Vaccination and Antibody Titre Test - does not apply to dogs originating from Australia, Faroe Islands, Finland, Hawaii, Ireland, Great Britain, Japan, New Zealand, Norway (Svalbard not included) or Sweden)

2. LEPTOSPIROSIS

The dog has been vaccinated against leptospirosis (the most common Leptospira species affecting dogs) with an approved vaccine within the last **180** days prior to importation.

The dog is fully vaccinated against leptospirosis according to the instructions from the manufacturer of the vaccine used.

Date of vaccination:	Name of vaccine:
----------------------	------------------

*The dog may be imported when **30** days have passed from the time of the last leptospirosis vaccination*

3. CANINE DISTEMPER

The dog has been vaccinated against canine distemper with an approved vaccine within the last **730** days prior to importation.

The dog is fully vaccinated against canine distemper according to the instructions from the manufacturer of the vaccine used.

Date of vaccination:	Name of vaccine:
----------------------	------------------

*The dog may be imported when **30** days have passed from the time of the last canine distemper vaccination*

4. INFECTIOUS CANINE HEPATITIS (HCC)

The dog has been vaccinated against infectious canine hepatitis (HCC) with an approved vaccine within the last **365** days prior to importation.

The dog is fully vaccinated against HCC according to the instructions from the manufacturer of the vaccine used.

Date of vaccination:	Name of vaccine:
----------------------	------------------

*The dog may be imported when **30** days have passed from the time of the last infectious canine hepatitis vaccination*

Owner / Importer	Name of dog
------------------	-------------

PART V – VACCINATIONS (continued)

5. CANINE PARVOVIRUS	
The dog has been vaccinated against canine parvovirus with an approved vaccine within the last 365 days prior to importation.	
The dog is fully vaccinated against canine parvovirus according to the instructions from the manufacturer of the vaccine used.	
Date of vaccination:	Name of vaccine:
<i>The dog may be imported when 30 days have passed from the time of the last canine parvovirus vaccination</i>	

PART VI - EXAMINATIONS - WITHIN 30 DAYS PRIOR TO IMPORTATION

I, THE UNDERSIGNED LICENSED VETERINARIAN, CONFIRM THAT THE DOG IDENTIFIED IN PART II, BASED UPON ORIGINAL LABORATORY CERTIFICATES, FULFILLS THE FOLLOWING REQUIREMENTS:

1. BRUCELLOSIS

The dog has been tested serologically for brucellosis (*Brucella canis*) with a negative result. The blood sample was drawn within the last **30 days** prior to importation.

Date of blood sampling:	Name of laboratory:
-------------------------	---------------------

2. SALMONELLA spp.

A stool sample has been taken from the dog and tested for *Salmonella* spp. within the last **30 days** prior to importation. If the result is positive, notify the Icelandic Veterinary Services as soon as possible and a risk assessment will be performed to determine whether the dog is allowed to be imported to Iceland.

Date of sampling:	Name of laboratory:	Results:
-------------------	---------------------	----------

Signature of veterinarian		
Name of veterinarian (in BLOCK LETTERS)	Date	Signature and stamp
Veterinary hospital and telephone number		

PART VII - DECLARATION BY OWNER / IMPORTER

I, THE UNDERSIGNED OWNER/IMPORTER OF THE DOG IDENTIFIED IN PART II, DECLARE THAT:

- The dog will be at least 5 months old at the time of importation to Iceland.
- The dog is neither pregnant, nursing puppies, nor requires treatment of any kind in relation to a disease or surgery.

Place and date	Signature
----------------	-----------

Owner / Importer	Name of dog
------------------	-------------

PARTS VIII, IX, X AND XI ARE TO BE COMPLETED BY THE ICELANDIC VETERINARY SERVICES AND CUSTOMS OFFICER

PART VIII - APPROVAL BY THE CHIEF VETERINARY OFFICER OF ICELAND	
Date of reception of Certificate	Remarks
Place and date	Signature on behalf of the Chief Veterinary Officer of Iceland

PART IX - SURVEILLANCE BY DISTRICT VETERINARY OFFICER AT AIRPORT OF ENTRY	
I, THE UNDERSIGNED DISTRICT VETERINARY OFFICER, CONFIRM THAT:	
1. The dog does not show any signs of infectious disease.	
2. The dogs' Import Permit and originals of all required certificates are submitted.	
Place and date	Signature of District Veterinary Officer / on behalf of the DVO

PART X - CUSTOMS CLEARANCE		
<input type="checkbox"/> Import permitted <input type="checkbox"/> Import not permitted	Place & date Keflavik,	Signature and stamp of customs officer

PART XI - RELEASE FROM ISOLATION FACILITIES	
Place and date	Signature of District Veterinary Officer / on behalf of the DVO

REMARKS (ATHUGASEMDIR)

Icelandic Food and Veterinary Authority
Austurvegi 64 - 800 Selfossi - Iceland

Tel.: +354 530 4800 – Fax: +354 530 4801
mast@mast.is - www.mast.is