



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

In accordance with Regulation no. 935/2004 on the Importation of Pets (Companion Animals) and Dog Semen

PART 1 IDENTIFICATION OF OWNER / IMPORTER OF DOG		
Owner/importer	Tel.no.	
Address	Postal code	City
Country	e-mail address	

PART 2 IDENTIFICATION AND ORIGIN OF DOG			
Country of origin ¹⁾	Country of export ²⁾	Import permit no.	Date of birth (dd/mm/yy)
ID-no (microchip no)	Date of implantation and/or reading of microchip ³⁾		<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	Breed	Fur / colour	

1) For those dogs originating in a rabies free country, the dog must have remained in that country since birth or for at least the 6 months prior to importation
 2) If other than country of origin 3) Microchip shall be implanted before the dog is vaccinated with regards to import to Iceland

PART 3 DECLARATION BY OWNER / IMPORTER		
I, the undersigned owner/importer of the dog identified in part 2 of this certificate, declare that the dog is neither pregnant, nursing puppies, nor requires treatment of any kind in relation to disease or surgery.		
Place	Date	Signature

PART 4 ESTIMATED ARRIVAL OF DOG TO ICELAND & QUARANTINE RESERVATIONS	
The permitted hours for animals at Keflavík are between 05:00 and 17:00 on the quarantine admission days. It is possible to apply directly to MAST for permission for arrival outside of these specified hours. Such permission is not guaranteed and should be sought no later than 16:00 on the Wednesday immediately prior to the first quarantine admission day of that particular period. This will result in considerable additional costs payable by the importer in relation to inspection and supervision.	
Estimated date and time of arrival in Iceland	Flight number
Quarantine reservations confirmed at	<input type="checkbox"/> HAFNIR (Einangrunarstöðin ehf., Seljavogi 10, 233 Reykjanesbær) <input type="checkbox"/> MÓSEL (Allir hundar ehf., Selás, 851 Hella)

PART 5 VACCINATIONS	
I, the undersigned authorised veterinarian, confirm that the dog identified in part 2, based upon original vaccination documents and laboratory certificates, fulfills the following requirements laid out in parts 5 a)-e)	

5 a) i) 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. The dog may be imported when **120 days** have passed from the time of the first rabies vaccination. In case of a valid revaccination, the dog may be imported when **30 days** have passed from the time of the last rabies revaccination.

Rabies vaccination record	First rabies vaccination (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)
	Revaccination (as applicable) (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)
	Revaccination (as applicable) (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)
	Revaccination (as applicable) (dd/mm/yy)	Vaccine name	Valid until (dd/mm/yy)

5 a) ii) Rabies antibody titre test
 A blood sample taken no earlier than **30 days** after the first rabies vaccination, showed that the rabies neutralizing antibody titre was at least **0.5 IU/ml**. If the results were not satisfactory (below 0.5 IU/ml), any subsequent rabies vaccination would be classed as the first vaccination and import into Iceland would not be authorised until at least **120 days** had passed after this subsequent vaccination followed by a rabies neutralizing antibody titre test with satisfactory results.

Date of blood sampling (dd/mm/yy)	Name of laboratory
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A LABORATORY CERTIFICATE OF RABIES ANTIBODY TITRE TEST RESULTS MUST BE ENCLOSED WITH THIS CERTIFICATE

The rabies antibody titre test does not have to be renewed on an animal which following that test with satisfactory results, has been revaccinated against rabies within the period of validity of a previous vaccination.

*(Part 5, a) i) and ii) - 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)*

5 b) Leptospirosis	
The dog has been fully vaccinated ⁴⁾ against leptospirosis (the most common Leptospira species affecting dogs) with an approved vaccine no more than 180 days and no less than 30 days prior to importation.	
Date of vaccination (dd/mm/yy)	Vaccine name

Owner / importer	Name of dog
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PART 5 VACCINATIONS (continued)

5 c) Canine distemper

The dog has been fully vaccinated⁴⁾ against canine distemper with an approved vaccine no more than **730 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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5 d) Infectious canine hepatitis

The dog has been fully vaccinated⁴⁾ against infectious canine hepatitis with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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5 e) Canine parvovirus

The dog has been fully vaccinated⁴⁾ against infectious canine parvovirus with an approved vaccine no more than **365 days** and no less than **30 days** prior to importation.

Date of vaccination (dd/mm/yy)	Vaccine name
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4) vaccinated according to the specific guidelines for each vaccine regarding the age of the dog when vaccinated and the numbers of vaccination needed to give the full protection of the vaccine. If the primary vaccination requires a booster (a follow up) vaccination, the dog is not considered fully vaccinated until it has been given the booster vaccine within a set timeframe.

PART 6 LABORATORY TESTS WITHIN 30 DAYS PRIOR TO IMPORTATION

I, the undersigned authorised veterinarian, confirm that the dog identified in part 2, based upon original laboratory certificates, fulfills the following requirements as laid out in in parts 6 a)-b)

6 a) Brucellosis (*Brucella canis*)

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

Date of blood sampling	Name of laboratory
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6 b) Salmonella spp.

A stool sample from the dog has been tested for *Salmonella* spp. with a **negative** result. The sample was taken within the last **30 days** prior to importation.

Date of sampling	Name of laboratory
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PART 7 HEALTH EXAMINATION AND PARASITE TREATMENT - WITHIN 10 DAYS PRIOR TO IMPORTATION

I, the undersigned authorised veterinarian, have today examined and treated the dog identified in part 2 of this certificate and confirm that it does not show any symptoms of contagious diseases. The dog is to be imported to Iceland within 10 days and has been treated preventively for parasites with an approved veterinary medicinal product as stated below:

a) Treatment for tapeworm (*Echinococcus multilocularis* and *Echinococcus granulosus*)

Date of treatment	Name and manufacturer of the product	Route of administration
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b) Treatment for external parasites

Date of treatment	Name and manufacturer of the product	Route of administration
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c) Treatment for ear mites upon suspicion Ear mite not suspected at clinical exam

Date of treatment	Name and manufacturer of the product	Route of administration
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PART 8 SIGNATURE OF AUTHORISED VETERINARIAN

Name and title of authorised veterinarian	Place	Date
Veterinary hospital: Address and Tel.no.	Signature & stamp of authorised veterinarian	

PART 9 IS TO BE COMPLETED BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)

PART 9 PRE-APPROVAL OF CERTIFICATE BY THE ICELANDIC FOOD AND VETERINARY AUTHORITY (MAST)

Place and date of signature	Signature & stamp of veterinary officer	MST
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